CIVITAS OXONIENSIS

FORTIS EST VERITAS

# CITY OF OXFORD

# ANNUAL REPORT

of the

# MEDICAL OFFICER OF HEALTH

for the year

1968

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Mr. Chairman, Ladies and Gentlemen,

This is my twenty-first Annual Report and is compiled in accordance with Department of Health and Social Security Circular 1/69.

The vital statistics are noteworthy for the fact that the infant mortality rate is the lowest on record. The birth rate has again decreased and is now at the lowest level for the last ten years. The death rate was average, with increases for diseases of the circulatory and respiratory systems, and decreases in the case of cancer and death from violence.

A morbidity report, submitted by Professor E. D. Acheson and his colleagues at the Oxford Record Linkage Department, has again been included. These reports become more interesting and informative now that yearly comparisons can be made and trends discerned. For instance, in the last five years there have been increases in the number of male Oxford residents discharged from hospitals in the area suffering from carcinoma of the bronchus, asthma, bronchitis, peptic ulcer and fractured neck of the femur; whilst in females there have been upward trends in the case of carcinoma of the cervix and carcinoma of the breast. Infective jaundice has increased, particularly since 1965. Coronary heart disease, which has steadily increased in the last four years, showed a marked drop in 1967 in both sexes. There are interesting tables giving information about the confinement of Oxford mothers and showing the effect of the opening of the General Practitioner Maternity Unit. Details of accident cases are given and these reveal that, on average, two to three City residents require hospital admission every day.

The three existing health centres at Blackbird Leys, East Oxford and Summertown, have been much visited by representatives both from this country and from abroad. Much time has been spent in reaching agreement concerning charges for rent, rates, services and staff, in accordance with the complicated new formulae. The small West Oxford Centre is under construction, and the building of the Jericho Health Centre should start in the autumn of next year. A preliminary survey has demonstrated the possibility of converting Donnington Clinic into a health centre to serve the Iffley Road area. An extension is planned for the East Oxford Health Centre, and this will be followed by the construction of health centres to serve the Headington and Cowley districts for which sites are available. There are now four City clinic premises being used by general practitioners as branch surgeries, and it seems likely that the Slade Park Clinic, now in course of construction, will also be used as a branch surgery.

The Joint City and County Ambulance Service has continued to function satisfactorily. For the first time since 1948, both the number of patients transported and the miles travelled have shown a slight

decrease, which can probably be associated with the closure of Freelands Hospital It has been agreed that the colour of new ambulance vehicles will be white. It is hoped to make a modest start with a training scheme for new entrants to the service.

The increasing role of the health visitor in caring for the aged is shown by the fact that 17% of domiciliary visits were to those over the age of 65. This is one very direct result of the GP/nursing staff attachment scheme. Records kept by the health visitors show that nearly 20% of the total live births occurred amongst the immigrant and alien population.

The scheme for a centrally-sterilised supply of instruments and dressings for the district nursing and midwifery services came into effect at the beginning of October. Such a service is more efficient, is safer and also saves time; we are grateful to the United Oxford Hospitals for their helpful co-operation as a result of which this work is undertaken at the Churchill Hospital.

Once again there has been a substantial rise in the total number of visits made by the district nurses, 75% of which are to patients over 65 years of age. Earlier hospital discharges, a diminished number of geriatric beds, and the continuing success of the GP/nursing staff attachment scheme, have all contributed to this increased caseload. There are now three health centres and four surgery premises where ambulant patients are being treated by district nurses.

The establishment of home helps was increased to 63 equivalent full-time, but difficulties of recruitment precluded a full establishment throughout the year. There was a slight increase in the number of cases helped. Improved training arrangements have been inaugurated.

After 40 years of friendly co-operation with the Oxford Branch of the Family Planning Association and, as a result of the passing of the National Health Service (Family Planning) Act, 1967, the City Council appointed the Family Planning Association as their agents as from the 1st April, and gave a substantial grant to facilitate re-organisation and expansion of the existing services. Sessions are now held in five local authority clinic premises scattered throughout the City. Specialist services include a weekly premarital and young people's advisory clinic, and occasional sessions for patients with marital problems. The domiciliary service continues to be provided directly by the Health Department.

With regard to cervical cytology, there has again been a decrease in the number of women applying for the test. An experimental campaign on one housing estate, in which personal letters of information and en-

couragement were sent to women over 35, having one or more children, only resulted in the attendance of 15.8% at the local health centre. However, since our scheme started in March, 1965, a total of 8,353 patients have been examined and 42 cases of carcinoma-in-situ have been detected; an incidence of 5.02 per 1,000. Although 28 of these cases were aged between 35 and 50, six were under 35 years of age and eight were over 50.

Health education has continued enthusiastically with the main emphasis on inservice training of staff, the running of parentcraft classes and the giving of lectures and talks on many varied subjects.

The domiciliary occupational therapy service has remained fully staffed throughout the year and additional clerical assistance has been provided. There was a further increase in the number of patients and, once again, an increase in the sale of goods made by patients. It is pleasing that co-operation with the Dorset House School has extended to include domiciliary visits by students. It is of interest that about six domiciliary patients are compiling the new-style hospital record folders for the United Oxford Hospitals Records Department.

On the 1st July, our first full-time chiropodist took up his duties and the service has since been in process of re-organisation; one result has been that more patients have been treated though fewer sessions have been held. Purpose-built clinics are much more satisfactory for chiropody treatment than are old people's clubs and, therefore, wherever possible, such sessions are being transferred to clinic premises. For instance, the Summertown Clinic has now taken the place of three clubs serving the North Oxford area, and at the end of the year the clinic held at the South Oxford Community Centre moved into the neighbouring clinic premises. Grateful thanks are again due to the voluntary workers and particularly to those who have moved from the clubs to the clinics. As from the beginning of 1969, charges have been increased to 3*s.* 0*d.* per treatment at a club and 4*s.* 0*d.* at clinic premises.

A domiciliary renal dialysis service has been started during the year. Patients and relatives are trained at the Dialysis Unit at the Churchill Hospital and are then supervised, in their own home, after the necessary alterations have been made. Two patients in Oxford are now living relatively normal lives, receiving dialysis three times a week, at night, in their own homes. This is another service which requires close co-operation between the hospital and domiciliary services, and our thanks are due to Dr. Oliver, the Consultant in charge of renal dialysis.

The number of houses available each year for rehousing on account of medical priority has been increased from 25 to 50.

The Public Health (Infectious Diseases) Regulations, 1968, made under the Health Services and Public Health Act, 1968, came into force on the 1st October, and revised the law relating to the notification of infectious diseases. As a result, acute influenzal pneumonia, acute primary pneumonia, erysipelas, membranous croup and puerperal pyrexiac eased to be notifiable, whilst additions to the list included infective jaundice, yellow fever, leptospirosis and tetanus. The fee for notification was increased to 5*s*. 0*d*. whether the case occurred at home or in an institution, and it is of interest that this is the first increase since the original notification legislation at the end of the last century.

The increased incidence of whooping cough reported last year continued for the first few months of the current year but since then there have been very few cases. Many of the notified cases were not confirmed either clinically or bacteriologically but were notified, in good faith, as suspected cases in conformity with the Public Health Laboratory Service trial scheme.

The number of measles notifications was below the average for an inter-epidemic year.

A case of paratyphoid A came from Pakistan and a case of paratyphoid B from Spain. Of the two cases of Flexner dysentery, one occurred in an immigrant family and investigation brought to light an unknown typhoid carrier. There were two general outbreaks of food poisoning, both being mild and due to Clostridium welchii infection. Two small local outbreaks were caused by Salmonella organisms; one occurring in a family who had just returned from a holiday in Spain and France.

It is known that two of the 26 cases of infective jaundice occurred in young men using unsterile syringes for the injection of drugs.

Practically all the 98 cases of glandular fever notified were aged between 15 and 35 years; the majority were undergraduates, junior members of the University or nurses.

There was an increase in the number of body louse infestations, mainly traceable to the Simon Community Hostel.

Patients admitted to the infectious disease beds at the Slade Hospital and suffering from diseases with a public health interest included paratyphoid, salmonellosis, Flexner dysentery, gonococcal ophthalmia neonatorum, malaria, meningococcal infection, leptospirosis, brucellosis, secondary syphilis, serum hepatitis, in addition to the commoner cases of gastro-enteritis, whooping cough, measles, chickenpox, rubella, herpes zoster, glandular fever and mumps. In October, a two-day meeting of

infectious disease physicians was held at the Slade Hospital under the Presidency of your Medical Officer of Health.

Notified cases of tuberculosis, comprising 43 pulmonary and 8 non-pulmonary, were the lowest ever recorded. There were only three cases of primary disease in children. However, the continuing need for constant effort towards early case-finding is exemplified by the fact that a hospital worker was only discovered to be suffering from tuberculosis after she had been employed as a cook for six months. There were 13 notifications amongst immigrants which is a reduction on last year but which represents one-quarter of the total number of notifications.

More patients were treated at the special V.D. Clinic at the Radcliffe Infirmary than in the two previous years; some of this increase occurred amongst younger patients and some amongst immigrants and aliens. There was an increase in the number of City patients suffering from gonorrhoea.

A revised immunisation schedule was issued by the Department of Health towards the end of the year. It was immunologically sound but open to criticism from the practical point of view. However, the scheme was sufficiently elastic to allow for individual and local choice, and, after careful discussion and consideration, it was decided to retain our well-tried and provenly successful schedule of giving triple vaccine at the fourth, fifth and sixth months, poliomyelitis at the seventh, eighth and ninth months, measles at the tenth month, and smallpox at one year. The smallpox vaccination rate increased to 67% but there is still room for improvement and it is significant that a third of the health visitors achieved acceptance rates over 75% and one managed a 91% rate. Oxford continued to act as a monitoring station for the potency of batches of vaccine lymph supplied by the Lister Institute.

The take-up of triple vaccine was 94%, the highest figure so far attained. The Public Health Laboratory whooping cough survey which started in Oxford on the 1st March, 1966, was concluded on the 30th April, 1968. During this period, 392 cases were notified in the City but only 11% of these were bacteriologically proven and only 29% were clinically certain in that a "whoop" was heard. 41 out of the 43 isolations of the Bordetella pertussis were of the new 1 : 3 type. The survey showed that recent whooping cough vaccines have been less effective than previously but their administration is still worthwhile in that severe complicated cases of whooping cough are now hardly ever seen. It is hoped that further investigation will indicate how vaccines can be made more effective against whooping cough. The vaccination rate against poliomyelitis was 93% and there has been no case of this disease in a child in Oxford since 1957.

In June, in conformity with national policy, the method of vaccination against measles was changed to a one-dose schedule of live vaccine. By the end of the year, 66% of children under the age of two years had been vaccinated against measles, and it was estimated that 88% of all school children had either had measles or had been protected against it. Since 1964, a total of 6,946 children have been vaccinated against measles in Oxford, and during this time 2,640 cases of measles have been notified, of which only 52 (2%) occurred in vaccinated children.

In the second full year of the General Practitioner Maternity Unit, increased use has resulted in fewer domiciliary confinements. For the last six years, hospital confinements have been about 70% and now the remaining 30% are fairly equally divided between domiciliary and Unit cases. The general practitioners and their attached domiciliary midwives act as a team whether the patient is being confined at home or in the Unit, and prompt help is always forthcoming from the consultant services. The staffing of the General Practitioner Unit has presented problems and at the end of the year it was agreed that the City Council should take over responsibility for all the "midwifery cover". Grateful thanks are due to Dr. Bull, the Senior Medical Officer of the Unit, for his co-operation and for the immense amount of time and trouble which he has taken in organising and evaluating the work of the unit. The excellence of antenatal care both for domiciliary and for Unit patients is demonstrated by the fact that only two mothers commenced their antenatal care later than the 24th week of pregnancy, and only two patients had haemoglobin levels below 70% in late pregnancy. There was again an increase in the number of early hospital discharges, and although an agreed form of assessment of home conditions is being increasingly used, there are still too many early discharges to unsuitable home conditions. Miss C. Fisher, one of the domiciliary midwives, is to be congratulated on obtaining the Midwives' Teacher's Diploma. The one maternal death occurred in a hospital patient and was due to amniotic fluid embolism, a rare and unpreventable occurrence.

In the field of child health, premature babies again received particular care and attention, the aim being to ensure that as many as possible are born in hospital; in the event, out of 117 premature babies, only 10 were born at home.

Of the 31 child health clinics held each week, 15 are general practitioner clinics. Once again grateful thanks are due to the many voluntary workers at the clinics; Oxford is particularly fortunate in having such willing helpers. Experiments are being made at some clinics with an appointments scheme. About half the medical work is concerned with immunisation, the remainder is divided fairly equally between

developmental medical examinations and consultation about particular problems. Of the 21 infant deaths, 16 occurred in the first week of life. The two day nurseries continued to meet the essential needs of unsupported mothers. New legislation under the Health Services and Public Health Act, 1968, was concerned with the day care of children under five and came into effect on the 1st November. This resulted in a large increase in applications for registration mainly from women taking only one or two children into their own home. The number of playgroups is also increasing.

A good deal of thought was given to the future of the Mother and Baby Hostel which was being substantially under-used. It was eventually decided to transfer the responsibility for this Hostel from the Health to the Children's Committee as from the 1st April, 1969.

There has again been excellent co-operation between the psychiatric hospitals and the local authority mental health service, supported by much appreciated help from active local voluntary organisations. Slowly but surely the proportion of trained staff is increasing, and by next year all the Mental Health Officers will be qualified social workers. Our service is being increasingly used by social worker colleges as a good practical training ground for students. We have again had many visitors from this country and from abroad. There were more admissions and discharges from the psychiatric hospitals than ever before and it is satisfactory to note that compulsory admissions comprised only 16% of the total.

The Superintendent of St. Nicholas House resigned in October and this has proved to be a difficult post to fill. Part of a film dealing with hostels for mentally handicapped children and sponsored by the Spastics' Society was made at St. Nicholas House.

The Industrial Training Unit continued to flourish and there was no shortage of suitable work, thanks to the co-operation of the local factories. A larger storage room together with good facilities for loading and unloading under cover has been provided. The workers now comprise both the mentally-ill (25%) and the mentally-subnormal (75%) and this has proved to be satisfactory. Eastfield House, the purpose-built hostel for adult subnormals, opened in October and has accommodation for 25 males or females. The first group home or mini-hostel at 27 Brasenose Driftway is due to open with seven men in the spring of 1969.

With Longlands fully operational, there are now seven purpose-built 60-bedded Old People's Homes together with Barton End which has a purpose-built extension. It is fortunate that such excellent facilities are available, because, as a result of the serious shortage of geriatric hospital beds, our Old People's Homes are carrying an unusually heavy burden

and have to be staffed accordingly. Urgent admissions to the Old People's Homes can now be arranged in days rather than months as was the case a few years ago. Our Homes are also being used increasingly to provide a day care service and for holiday admissions. The building of the handicapped persons' centre in Rectory Road has been delayed by the economic situation; this is particularly unfortunate as so much more could be done for the severely disabled with better facilities. The newly-installed book-finishing trade at the blind and handicapped workshop had more than doubled by the end of the year.

There was a further increase in the provision of meals on wheels, and, as from October, the charge was increased from 1*s.* 0*d.* to 1*s.* 6*d.* per meal to meet rising costs and to provide a greater variety of food.

An experiment has been started at the East Oxford Health Centre by which a general practitioner holds a special surgery session fortnightly for some of the particularly infirm and handicapped patients in his practice. The essential transport is provided by a Health Department utilecon-type vehicle with a tail lift. It is much less time-consuming for the doctor to see these elderly frail patients at the surgery, than to visit them individually at home, and the facilities are also better at the Centre.

The Simon Community Hostel, which has been registered as a common lodging house, has been a source of concern from the health point of view. It has been operated largely through voluntary workers and they have certainly had a most difficult task. The type of lodger is not often amenable to discipline or to organised control, and, as a result, good hygiene of the premises has been difficult to maintain.

There has been a need for many more inspections of movable dwellings, particularly in connection with the sudden appearance of a number of gipsies and itinerant camp dwellers at Slade Park. A considerable disturbance was created with much refuse littering the site, ditches fouled, drains choked, fences wrecked, and disturbance created at neighbouring establishments.

Some occupiers still do not appear to appreciate the extent of their responsibilities under the Offices, Shops and Railway Premises Act, 1963. In particular, Inspectors found too many failures to provide thermometers and first aid equipment, and in some instances there was a lack of cleanliness of floors, passages and staircases.

Pest extermination activities had another successful year, and there were fewer complaints concerning rats, bugs and wasps. Some heavily rat-infested piggeries, which closed down during the year, were energetically treated in order to forestall migration.

Your Medical Officer of Health and Chief Public Health Inspector are members of a professional Advisory Committee set up to assist the Engineer to the Oxfordshire and District Water Board. Meetings are held as required under the Chairmanship of Dr. Jebb, Director of the Oxford Public Health Laboratory Service.

As was the case last year, a considerable number of samples of milk taken from self-service machines failed the methylene blue test; this was the result of carelessness in stock rotation and inattention to proper maintenance. Automatic food vending machines are growing in popularity and do provide a useful service, but it is essential that they should be properly maintained. This comment equally applies to large food-containing refrigerators because far too many foodstuffs perished as a result of breakdowns at weekends or over holiday periods.

The Imported Food Regulations, 1968, came into operation on the 1st August, and, as more food comes into the country in closed containers. so responsibility is transferred from Port Health staff to local authority public health inspectors.

Eastwyke Farm slaughterhouse gave cause for concern, particularly during the last quarter of the year, when large numbers of worn-out ewes were slaughtered largely at the behest of a Mohammedan butcher. The slaughterhouse closed permanently at the end of March, 1969. For the first time, no viable cysts of cysticercus bovis (tape worm) were found, but, on the other hand, the incidence of fascioliasis (liver fluke) was at a record high level; no doubt at least partly attributable to the very wet summer. For the first time, no animal slaughtered showed positive evidence of tuberculosis.

Smoke Control Order No. 7 became operative at the beginning of December in the South Oxford Area. As a result of slow but steady progress in the 13 years since the Clean Air Act was introduced, 1,703 acres containing 6,885 premises (about 20% of the City) are now smoke-controlled. Amongst the many cases involving chimney height and type of fuel, the outstanding problem concerned the new teaching hospital on its elevated site at Headington. After much argument, publicity, and wind tunnel tests, it was decided to use gas rather than heavy oil, but it is considered that the size of the chimney stack will still need to be as high as 170 feet. This important, if only partial victory, is a tribute to the knowledge, persistence and persuasiveness of your Chief Public Health Inspector.

The Jericho (St. Barnabas) rehabilitation area continued to be the main centre of activity as far as housing was concerned. The first block is nearing completion and this should facilitate progress and should also

stimulate local interest by providing practical evidence of what can be achieved by rehabilitation. The other main housing problem has been the multi-occupation of houses and this has again proved to be a very difficult and time-consuming task. The main difficulties are overcrowding, the lack of adequate sanitary and washing accommodation and inadequate fire precautions.

In July, the Report of the Committee on Local Authority and Allied Personal Social Services (Seebohm Report) and the Ministry of Health Green Paper entitled The Administrative Structure of the Medical and Related Services in England and Wales were published on the same day. A good deal of preliminary thought has been given to their content and recommendations but it is clear that these two reports should not be considered in isolation but in conjunction with the Report of the Royal Commission on Local Government which is now expected about the middle of 1969.

Your Medical Officer of Health has continued to be a member of the Joint Committee on Vaccination and Immunisation set up to advise the Health Ministers on all medical aspects of vaccination and immunisation. He has also continued to be a member of the Public Health Laboratory Service Board. He has the honour of being President of the Fever Group of the Society of Medical Officers of Health for the two years 1967-69.

Early in 1969, Dr. R. P. Ryan vacated the post of Deputy Medical Officer of Health to take up the appointment of Assistant Senior Administrative Medical Officer to the Newcastle Regional Hospital Board. Dr. Ryan was a very loyal, reliable and hardworking Deputy and our best wishes go with him for a successful career in the hospital service. The vacant Deputy post was filled by the promotion of Dr. E. P. Lawrence, and the latter's post of Senior Medical Officer was filled by the appointment, from Gloucestershire, of Dr. J. S. Rodgers. Dr. G. E. Leyshon left in September on being appointed Principal Medical Officer to the West Riding of Yorkshire, and Dr. Vera Hollyhock was promoted to the vacancy. Dr. Leyshon was our first D.P.H. trainee and it has been a pleasure to have had such a competent and popular young recruit to the public health service on the staff. Dr. Jean Bond joined the staff as Assistant Medical Officer. Miss G. Harris retired from the post of Deputy Matron at Florence Park Day Nursery after more than 20 years' service in this post; our grateful thanks and best wishes are extended to her.

Although I am responsible for this Report, many members of my staff, some named and others not mentioned personally, have contributed to it, and it is a very real pleasure and privilege to acknowledge, once again, the willing and efficient support I have received from all my staff throughout the year.

Finally, I should like to thank, most sincerely, the Chairman and all Members of the Health Committee for their kindly consideration and encouragement at all times.

Yours faithfully,

J. F. WARIN,
*Medical Officer of Health.*

# SECTION I

## (a) COMMITTEE MEMBERS

### HEALTH COMMITTEE

*Chairman:* Councillor SIMPSON, M.B.E.

*Vice-Chairman:* Councillor WILCHER, C.B.E., B.Litt., M.A.

| | | | |
|---|---|---|---|
| Alderman | Mrs. ANDREWS, M.B.E. | Councillor | Mrs. CARR, B.A. |
| ,, | BROMLEY | ,, | DICKINS |
| ,, | Mrs. HARRISON-HALL, J.P. M.B., Ch.B. | ,, | Mrs. ELLIS |
| | | ,, | Miss GOOD, M.A. |
| ,, | MEADOWS (Sheriff) A.I.S.T., M.R.S.H. | ,, | Mrs. HAMILTON |
| | | ,, | LOUGHRAN |
| ,, | ROBERTS | ,, | MACBETH, M.A., D.M. |
| ,, | Miss SPOKES, M.A. | ,, | WOODWARD |

Mrs. M. HOUGHTON, Mrs. O. PHIPPS } Representing the Oxford County and City Executive Council

Mr. A. W. DENT, J.P. representing the United Oxford Hospitals.

### HEALTH SERVICES SUB-COMMITTEE

*Chairman:* Councillor DICKINS

*Vice-Chairman:* Councillor SIMPSON, M.B.E.

| | | | |
|---|---|---|---|
| Alderman | Miss SPOKES, M.A. | Councillor | WILCHER, C.B.E., B. Litt., M.A. |
| Councillor | Mrs. CARR, B.A. | | Mrs. M. HOUGHTON |
| ,, | Mrs. ELLIS | | |
| ,, | Mrs. HAMILTON | | |

### WELFARE SERVICES SUB-COMMITTEE

*Chairman:* Alderman MEADOWS (Sheriff) A.I.S.T., M.R.S.H.

*Vice-Chairman:* Councillor WOODWARD

| | | | |
|---|---|---|---|
| Alderman | Mrs. ANDREWS, M.B.E. | Councillor | Miss GOOD, M.A. |
| ,, | BROMLEY | ,, | Mrs. HAMILTON |
| ,, | Mrs. HARRISON-HALL, J.P. M.B., Ch.B. | ,, | LOUGHRAN |
| | | ,, | SIMPSON, M.B.E. |
| ,, | Miss SPOKES, M.A. | ,, | WILCHER, C.B.E. B.Litt., M.A. |
| ,, | ROBERTS | | |

### GENERAL PURPOSES SUB-COMMITTEE

The Chairmen and Vice-Chairmen of the Health Committee, Health Services and Welfare Services Sub-Committees; and Aldermen Mrs. ANDREWS, M.B.E., BROMLEY, Mrs. HARRISON-HALL, J.P., M.B., Ch.B., ROBERTS, Miss SPOKES, M.A.

**Representatives of the Council on City and County Joint Ambulance Committee**

Alderman Mrs. HARRISON-HALL, J.P., M.B., Ch.B.
,, MEADOWS (Sherriff), A.I.S.T., M.R.S.H.
,, ROBERTS
Councillor SIMPSON, M.B.E.
,, WILCHER, C.B.E., B.Litt., M.A.

**Representatives of the Council on Oxford Voluntary Care Committee for Tuberculosis and Chest Diseases**

Alderman MEADOWS (Sheriff), A.I.S.T., M.R.S.H.
Councillor Mrs. ELLIS
,, Miss GOOD, M.A.
,, MACBETH, M.A., D.M.

**Representatives of the Council on Health Centres Joint Committee**

Councillor SIMPSON, M.B.E.
,, WILCHER, C.B.E., B.Litt., M.A.

## HOUSING COMMITTEE

*Chairman:* Alderman INGRAM

*Vice-Chairman:* Councillor JONES

| | | | |
|---|---|---|---|
| Alderman | FAGG | Councillor | GRIFFITHS |
| Councillor | BOWDERY | ,, | Miss HANDS M.A. |
| ,, | BUXTON, B.C.L., M.A. | ,, | McKAY |
| ,, | Mrs. ELLIS | ,, | Mrs. TODD, M.A. |
| ,, | Mrs. GEE | ,, | WEEKES |

### (b) HEALTH DEPARTMENT STAFF

*Medical Officer of Health*

J. F. WARIN, M.D., D.P.H.

*Deputy Medical Officer of Health*

R. P. RYAN, M.B., B.S., D.P.H.

*Senior Medical Officers*

JOAN GRAY, M.B., Ch.B., D.P.H. (Maternity and Child Health).
E. P. LAWRENCE, M.B., B.Ch., D.P.H., D.T.M. & H. (General Purposes).
G. E. LEYSHON, M.B., Ch.B., D.P.H. (Welfare) ceased 30.9.68.
VERA M. HOLLYHOCK, M.B., B.Ch., D.P.H. (Welfare) acting from 1.10.68.

*Assistant Medical Officers of Health*

M. JEAN BOND, M.B., Ch.B., commenced 23.9.68.
K. C. KEWISH, M.R.C.S., L.R.C.P., D.P.H.
CYNTHIA M. PHILLIPS, B.M., B.Ch. (part-time)

*Consultant Chest Diseases (part-time)*

F. RIDEHALGH, M.D., F.R.C.P.

*Principal Dental Officer*

C. H. I. MILLAR, B.Sc., L.D.S.

*Chief Public Health Inspector*

W. COMBEY, D.P.A., F.A.P.H.I., A.M.I.P.H.E. (*a*) (*b*) (*c*) (*d*)

*Deputy Chief Public Health Inspector*

S. J. GARROD (*a*) (*b*) (*c*) (*d*)

*Senior Public Health Inspectors*

R. CROSSLEY (*a*) (*b*) (Housing).
K. ENGLAND (*a*) (*b*).
K. O. KEIGHLEY (*a*) (*b*).
J. P. MULLARD (*a*) (*b*).
J. G. SCOTT (*a*) (*b*) (*e*).
D. WATSON (*a*) (*b*) (*d*).

*District Public Health Inspectors*

K. COLDHAM (*g*).
I. F. KING (*b*) (*f*).
D. C. ROBERTS (*f*) commenced 19.2.68.

*Authorised Meat Inspectors*

P. G. ALLAN (*b*).
H. E. ELLISON (*b*).

(*a*) Sanitary Inspector's Certificate, Sanitary Inspector's Joint Board.
(*b*) Meat and Food Inspector's Certificate, Royal Society of Health.
(*c*) Sanitary Science Certificate, Royal Society of Health.
(*d*) Smoke Inspector's Certificate, Royal Society of Health.
(*e*) Testamur of Institute Public Cleansing.
(*f*) Public Health Inspector's Certificate, Public Health Inspector's Joint Board
(*g*) Public Health Inspector's Diploma, Public Health Inspector's Education Board.

*Technical Assistants*
J. N. HEPTINSTALL commenced 22.1.68, ceased 31.12.68.
J. A. WIRDNAM, City and Guilds Certificate (Plumbing)

*Pupil Public Health Inspectors:* 3

*Pest Control Officer*
G. A. WILLIAMSON

*Pest Control Operators*
A. G. BARNSLEY
K. R. DALTON. Transferred to Pupil Public Health Inspector.
P. WAINWRIGHT, transferred from Technical Assistant 1.1.68

*Superintendent Nursing Officer*
*Miss E. GILBERTSON (*a*) (*c*) (*d*)

*Deputy Superintendent Health Visitor*
Miss G. DAVIES, D.N. (*a*) (*c*) (*d*).

*Senior Health Visitors*
Miss J. BARNETT (*a*) (*c*) (*d*)
Miss D. BREE (*a*) (*c*) (*d*)
Miss N. CROOKALL (*a*) (*d*)

*Health Visitors*
Miss E. J. BLACKLER (*a*) (*c*) (*d*).
Miss P. A. BROADBENT (*a*) (*c*) (*d*).
Miss M. BROWN (*a*) (*c*) (*d*) (*e*).
Miss M. R. CARPENTER (*a*) (*c*) (*d*) (*e*).
Mrs. D. A. DOWLING (*a*) (*d*).
Miss E. DUDSON (*a*) (*c*) (*d*) (*e*).
Miss E. J. FRAMPTON (*a*) (*c*) (*d*) commenced 26.9.68.
Mrs. G. M. GREEN (*a*) (*d*) commenced 1.11.68.
Mrs. B. C. HALLETT (*a*) (*c*) (*d*).
Miss K. J. HAYES (*a*) (*c*) (*d*) ceased 13.1.68.
Miss D. M. KING (*a*) (*c*) (*d*) (*e*)
Miss G. M. LAWRENCE (*a*) (*c*) (*d*).
Miss H. RANKIN (*a*) (*c*) (*d*)
Miss H. L. ROBINSON (*a*) (*c*) (*d*).
Miss K. I. SWAIN (*a*) (*c*) (*d*) ceased 1.12.68.
Miss D. R. TATTERSALL (*a*) (*c*) (*d*).
Miss M. WITTEN-HANNAH (*a*) (*d*).

*School Nurses:* 4 (part-time)

*Student Health Visitors:* 5 1st year 7 2nd year.

*Non-Medical Supervisor of Midwives*
Miss P. MILLAR (*a*) (*c*).

*Assistant Non-Medical Supervisor of Midwives*
Miss D. B. INNESS (*a*) (*c*)

*Senior District Midwife*
Miss M. E. VINER (*a*) (*c*).

*Midwives*
Miss P. D. DAYMOND (*a*) (*c*).
Miss B. ESNOUF (*a*) (*c*).
Miss C. FISHER (*a*) (*c*) M. T. Dip.
Miss J. HEPWORTH (*a*) (*c*).
Miss D. R. PADWICK (*a*) (*c*).
Miss M. M. PIM (*a*) (*c*).
Miss D. E. REEVE (*a*) (*c*).
Miss B. E. SMITH (*c*) (*f*) ceased 31.12.68.
Mrs. B. L. KEWISH (*a*) (*c*) (part-time).
Mrs. S. J. OAKEY (*a*) (*c*) (part-time).

*Deputy Superintendent District Nurses*

Mrs. M. ANGELL (*a*) (*e*).

*Senior District Nurses*

Mrs. E. MOBEY (*a*) (*c*) (*e*).
Miss M. G. SYMONDS (*a*) (*c*) (*e*) transferred from District Nurse 15.4.68.
Miss E. W. TURRILL (*a*) (*c*) (*f*).

*District Nurses*

Miss D. BROOME (*b*) (*e*) ceased 10.1.68.
Miss H. CARTER (*a*) (*e*) commenced 1.11.68.
Mrs. V. N. T. CARTER (*a*) (*c*) (*d*) (*e*).
Mrs. A. C. COLEMAN (*a*) commenced 15.1.68 ceased 15.9.68.
Miss J. M. DEWEY (*a*) (*c*) (*e*).
Mrs. E. GUNTER (*a*) (*e*) ceased 31.12.68.
Miss E. HANDSCOMBE (*a*) (*e*) ceased 31.10.68.
Mrs. I. M. HUTCHINSON (*b*) commenced 30.12.68.
Mrs. O. C. KEEBLE (neé COLLINS) (*a*) (*e*) commenced 2.9.68.
Mrs. G. M. KIRK (*a*) (*e*).
Mrs. M. R. KISS (neé COXHILL) (*a*) (*e*).
Miss P. C. LIM (*b*) (*e*) commenced 21.8.68.
MISS M. LLEWELLYN (*a*) (*e*) ceased 31.10.68.
Mrs. E. M. MEDCRAFT (*b*) (*e*).
Miss B. MOSS (*a*) (*e*).
Miss B. M. PARKER (*a*) (*e*).
Miss E. J. PLUMMER (*b*).
Mrs. R. QUIGLEY (*a*).
Miss B. SCHAUDER (*a*) (*c*) (*e*) ceased 21.3.68.
Mrs. J. E. SKEETE (*a*) (*c*) commenced 4.11.68.
Mrs. N. M. WHEELER (*a*) (*c*).
Mrs. J. M. WELCH (*b*) (*e*) commenced 21.4.68 ceased 30.11.68.
Mrs. C. BARKER, Nursing Orderly (part-time).

*Part-time Nurses:* 10.

*Student District Nurses:* 1.

*Nurses' and Midwives' Headquarters*

Miss E. HAY, Warden/Housekeeper, ceased 31.3.68.
Mrs. D. CAMPBELL, Warden/Housekeeper, commenced 3.6.68.
Miss M. E. WOOD, Clerical Assistant.
Mrs. R. M. STROUD, Clerical Assistant (part-time).
Mrs. B. E. RUNIS, Telephonist.

*Health Centres*

*Blackbird Leys*

Mrs. B. PARRATT, Secretary/Receptionist, ceased 30.11.68.
Mrs. E. THOMSON, Secretary/Receptionist from 1.12.68.
Mrs. M. G. COSTELLO, Clerk/Receptionist (part-time) commenced 2.12.68.
Mrs. P. E. HARRIS, Clerk/Receptionist, (part-time) commenced 18.11.68.
Mrs. J. M. STONE, Clerk/Receptionist (part-time) commenced 1.10.68.
Mrs. S. ROBERTS, Clerk/Receptionist (part-time) ceased 15.9.68.

*East Oxford*

Mrs. A. N. MACDONALD, Secretary/Receptionist.
Mrs. J. M. BAYCOCK, Clerk/Receptionist (part-time) commenced 3.12.68.
Mrs. C. N. WILSON, Clerk/Receptionist, ceased 30.11.68.
Mrs. C. STANDEN, Clerk/Receptionist (part-time).
Miss S. WILLIAMS, Clerk/Receptionist (part-time) commenced 1.10.68.
Mrs. E. D. BURNHOPE (*a*) Surgery Nurse (part-time).
Mrs. V. I. HORVATCH (*a*) Surgery Nurse (part-time)

*Summertown*

Mrs. E. M. BALLANCE, Secretary/Receptionist.
Mrs. J. CABLE, Clerk/Receptionist, commenced 5.1.68.
Mrs. I. CRIPPS, Clerk/Receptionist (part-time) commenced 4.6.68.
Mrs. J. HENZELL-THOMAS, Clerk/Receptionist (part-time) commenced 30.12.68.
Mrs. R. WILSDON, Clerk/Receptionist, ceased 4.6.68.

*Mother and Baby Hostel*
Mrs. F. G. Humphries (*a*) (*c*) Matron.
Miss R. Coster, N.A. Assistant to Matron, commenced 1.7.68.
Miss F. Bolton (*f*) Deputy Matron, ceased 30.6.68.
Miss F. A. Goddard, C.C.R. Nurse (part-time).

*Nurseries*

*Botley Road Day Nursery*
Miss G. M. Nixey (*f*) Matron.
Miss G. M. Thomas (*f*) Deputy Matron.
Two Nursery Nurses.

*Florence Park Day Nursery*
Mrs. E. Pearce (*a*) (*c*) Matron.
Miss F. Bolton (*f*) Deputy Matron, commenced 1.7.68.
Miss G. M. Harris (*f*) Deputy Matron, retired 30.6.68.
Two Nursery Nurses.

*Home Help Service*
Miss P. Urban-Smith, Organiser.
Miss K. Thicke, Assistant Organiser.

*Senior Chiropodist*
F. W. Whatmore, M.Phys.A., L.P.M.E., L.Ch., commenced 1.7.68.

*Occupational Therapists*
Miss J. A. Gould, S.R.O.T., Head Occupational Therapist.
Miss C. M. Archer, S.R.O.T., Assistant Occupational Therapist.
Miss J. A. Baker, S.R.O.T., Assistant Occupational Therapist.

*Medical Social Workers*
Mrs. D. Hicks (Chest Diseases) (part-time).
Mrs. B. J. Mercer (Venereal Diseases) (part-time) ceased 26.6.68.
Miss A. K. Wilson (Venereal Diseases) (part-time) commenced 1.9.68.

*Mental Health*
*D. A. Purrett, Chief Mental Health Officer.
†F. F. Vipond, Senior Mental Health Officer.
L. A. Clinkard, Mental Health Officer.
†J. T. Nix, Mental Health Officer from 29.7.68.
D. W. Macintosh, D.P.S.A., Mental Health Officer.
Mrs. V. Shervington, Dip.Soc.S., Mental Health Officer, commenced 4.6.68.
Miss D. Smethurst, B.A., D.P.S.A., Mental Health Officer, ceased 31.3.68.
D. E. Hoe, Trainee Mental Health Officer (on Social Workers' Course).

*Mabel Prichard School*
Miss J. I. Forshaw, Dip.N.A.M.H., Supervisor.
Miss V. Butt, Dip.N.A.M.H., Senior Assistant Supervisor.
Mrs. E. Allen, Assistant Supervisor, ceased 19.4.68.
Miss S. E. Brown (*f*) Assistant Supervisor, temporary, commenced 16.9.68.
Mrs. M. Corrigan, Assistant Supervisor, (on Mental Health Course).
Mrs. M. J. Fenwick, Assistant Supervisor, temporary, commenced 30.9.68.
Mrs. B. Grant, Assistant Supervisor, ceased 29.9.68.
Miss R. F. Newman, Dip.N.A.M.H., Assistant Supervisor, commenced 19.2.68.
Miss P. C. Wallis, Dip.N.A.M.H., Assistant Supervisor, commenced 3.9.68.
Mrs. J. Webberley, Assistant Supervisor.
Mrs. M. E. Finlay, Nursery Assistant.

*Industrial Training Unit*
I. J. Price, Dip.N.A.M.H., Manager.
J. A. Hope, Senior Instructor.
M. M. Bacon, Instructor (on Mental Health Course).
A. E. Elvidge, Dip.N.A.M.H, Instructor.
Mrs. M. Head, Instructor.
W. W. Holland, Instructor, temporary, commenced 1.8.68.
Mrs. R. S. Price, Instructor.
Mrs. G. M. Whyte, Clerical Assistant (part-time).

*Eastfield House* (*Hostel for subnormal Adults*)

Mrs. P. R. HUNTER, Warden, commenced 1.9.68.
Mr. R. D. CLACK, Deputy Warden, commenced 16.9.68.
Mrs. M. J. CLACK (*a*) Assistant Warden, commenced 16.9.68.
Mr. K. P. HUNTER, Assistant Warden, commenced 1.9.68.

*St. Nicholas House* (*Hostel for subnormal children*)

Mrs. J. E. ENTWISTLE, Dip.N.A.M.H., Superintendent, ceased 3.11.68.
Mrs. E. M. BURTON, Housemother (acting Superintendent from 25.10.68).
Mrs. J. FAWDREY, Assistant Housemother.
Mrs. J. E. FOSTER, Assistant Housemother.
Mrs. H. J. GLOYNE, Assistant Housemother, ceased 20.4.68.
Miss E. GODWIN, Assistant Housemother, temporary, commenced 4.6.68.
Mrs. E. D. MOORE, Assistant Housemother, commenced 8.9.68.
Miss R. J. GODWIN, Assistant Housemother, commenced 22.1.68.
Mrs. V. M. VIPOND, Assistant Housemother.

*Welfare Services*

*J. C. DAVENPORT, Chief Welfare Services Officer.
†R. J. CRANE, Deputy Chief Welfare Services Officer.
*J. CLARKE, Senior Welfare Services Officer, retired 2.9.68.
Miss A. C. HERBERT (*a*) Senior Welfare Services Officer.
†M. H. STANLEY, Senior Welfare Services Officer from 3.9.68.
P. L. HUNT, Senior Welfare Services Officer (Welfare of the Deaf).
†Miss J. BARON, Welfare Services Officer (Welfare of the Blind).
†Miss H. M. FORD, Welfare Services Officer from 3.9.68.
Miss P. R. WHEELER, Home Teacher to the Blind, commenced 1.5.68.
Mrs. M. DALE, Welfare Assistant (Old People's Welfare).
Miss P. M. DELL, Welfare Assistant.
Miss J. C. MESSENGER, Welfare Assistant.
Miss R. WADDLE, Welfare Assistant (Welfare of the Deaf).
S. J. CALDER, Trainee Welfare Officer (on Social Workers' Course).
I. F. MAUND, Trainee Welfare Officer.
Miss M. M. THOMPSON, Trainee Welfare Officer (Welfare of the Blind) ceased 22.3.68.
Mrs. J. BARLOW, Craft Instructress, commenced 19.2.68.
Miss A. D. CRAWFORD, Craft Instructress.
N. BOWLEY, Superintendent of Handicapped Workshop.
M. TRAFFORD, Foreman of Handicapped Workshop.
Mrs. D. MANSON, Sales Assistant (part-time) ceased 14.6.68.
Mrs. E. S. QUICK, Sales Assistant (part-time).
Mrs. G. A. SHIELDS, Sales Assistant (part-time) commenced 13.5.68.
R. WILSON, Laundry Engineer.

*Old People's Homes*

*Barton End*

Mrs. M. C. COLLISON (*b*) Matron.
Mrs. S. ASHLEY (*a*) Deputy Matron.

*Cuttleslowe Court*

Mrs. C. M. AVERY (*a*) Matron.
Mrs. E. V. WARD (*b*) Deputy Matron.

*Iffley House*

Mrs. E. G. FIDLER (*b*) Matron.
Mrs. V. DAVIES (*b*) Deputy Matron.

*Longlands*

Miss P. F. SIRMAN (*b*) Matron.
Mrs. E. GODFREY (*a*) (*c*) Deputy Matron.

*Marston Court*

Mrs. M. SWAIN (*a*) Matron.
Miss P. LOCKWOOD (*b*) Deputy Matron, ceased 29.2.68.
Mrs. M. T. POTTER (*a*) Deputy Matron, commenced 25.3.68.

*Oseney Court*

Mrs. A. E. COULTER-SMITH (*b*) Matron.
Mrs. V. M. CLARKE (*a*) (*c*) Deputy Matron, ceased 17.2.68.
Miss M. S. HAYNES (*a*) (*c*) Deputy Matron, commenced 1.4.68.

*Shotover View*

Miss M. A. BULBECK (*b*) Matron.
Mrs. I. PAYNTER (*b*) Deputy Matron.

*Townsend House*

Miss M. GILLESPIE (*b*) Matron.
Mrs. E. HOLDEN, R.S.C.N., Deputy Matron.

*Relief Deputy Matrons, Old People's Homes*

Mrs. S. M. Amor (b) commenced 22.7.68.

Mrs. M. FLATMAN (*b*) ceased 30.11.68.
Mrs. C. HAYES (*b*) commenced 16.12.68.
Mrs. J. R. TYLER (*a*).

(*a*) State Registered Nurse.
(*b*) State Enrolled Nurse.
(*c*) State Certified Midwife.
(*d*) Health Visitors' Certificate.
(*e*) Queen's Nurse.
(*f*) Certified Nursery Nurse.

*Declaration of Recognition of Experience, Council for Training in Social Work.
†Certificate, Council for Training in Social Work.

*Administration*

H. G. ANNELY, Chief Administrative Assistant.
T. D. THOMSON, Senior Administrative Assistant.
L. C. STOCKFORD, Senior Administrative Assistant (Welfare Services).
W. J. GIBBS, Administrative Assistant (General Purposes).
P. C. GOMM, Administrative Assistant (Welfare Services).
N. J. KENNEDY, Administrative Assistant (Welfare Services).
L. N. TUTT, Administrative Assistant (Mental Health).
K. W. GIBBONS, Administrative Assistant (Chief Public Health Inspector's).
Miss M. V. CRABB, Medical Officer of Health's Secretary.
Mrs. S. M. STEVENSON, Chief Welfare Services Officer's Secretary, ceased 18.2.68.
Miss J. A. RUMMEY, Chief Welfare Services Officer's Secretary, commenced 4.3.68 ceased 31.8.68.
Miss C. C. VAUGON, Chief Welfare Services Officer's Secretary, commenced 9.9.68.
Mrs. J. A. TAYLOR, Chief Public Health Inspector's Typist/Secretary.
B. EALEY, Senior Clerical Assistant (Welfare Services) ceased 24.3.68.
Miss H. M. MITCHELL, Clerical 2 Assistant (Maternity, Child Health and Infectious Diseases).
Miss I. STONE, Clerical 2 Assistant (Vaccination and Immunisation).
Mrs. D. DEVONPORT, Shorthand Typist (Health Education and Welfare) (part-time).
Mrs. J. HEARD, Shorthand Typist (Public Health Inspectors) ceased 16.2.68.
Miss A. BELLINGER, Shorthand Typist (Public Health Inspectors) commenced 1.4.68.
Mrs. A. P. PEARSON, Shorthand Typist (Mental Health) (part-time).
Mrs. M. PETERS, Shorthand Typist (Cervical Cytology).
Miss D. SKINNER, Shorthand Typist (Welfare Services).
Miss S. G. WHITING, Shorthand Typist (Health Administration).
R. P. WHITE, Telephone Operator.
23 Clerks—Clerical 1 Grade.

## (c) OFFICES and ESTABLISHMENTS of the HEALTH DEPARTMENT

| | | *Telephone No.* |
|---|---|---|
| Main Office | Greyfriars, Paradise Street | Oxford 47212 |
| Welfare Services | City Chambers, Queen Street | ,, 49811 |
| Mental Health | City Chambers, Queen Street | ,, 49811 |
| Immunisation and Vaccination<br>Welfare Foods | Greyfriars, Paradise Street | ,, 47212 |
| Health Visitors | Greyfriars, Paradise Street | ,, 47212 |
| District Nurses Headquarters and Hostel | East Oxford Health Centre, Cowley Road | ,, 40153 |
| Home Helps | 29/31 George Street | ,, 49811 |
| Blackbird Leys Health Centre | Blackbird Leys Road, Blackbird Leys | ,, 78244 |
| East Oxford Health Centre | Cowley Road—<br>Dr. Neill Partnership<br>Dr. Stein Partnership | <br>,, 42334<br>,, 42109 |
| Summertown Health Centre | 160 Banbury Road | ,, 57347 |
| Botley Road Day Nursery | Botley Road | ,, 43492 |
| Florence Park Day Nursery | Florence Park | ,, 77286 |
| Mother and Baby Hostel | Clark's Row, St. Aldate's | ,, 43072 |
| Handicapped Workshop<br>Retail Shop<br>Domiciliary Occupational Therapy | 12 Woodstock Road | ,, 57602 |
| Barton End Old People's Home | Barton Road, Headington | ,, 62829 |
| Cuttleslowe Court ,, | Wyatt Road, Summertown | ,, 54446 |
| Iffley House ,, | Iffley Turn | ,, 78141 |
| Longlands ,, | Balfour Road, Blackbird Leys | ,, 79224 |
| Marston Court ,, | Marston Road | ,, 41526 |
| Oseney Court ,, | Botley Road | ,, 44592 |
| Shotover View ,, | Horspath Road, Cowley | ,, 78468 |
| Townsend House ,, | Bayswater Road, Headington | ,, 62232 |
| Homeless Family Unit ,, | Slade Park, Headington | ,, 78711 |
| Mabel Prichard School | St. Nicholas Road, Littlemore | ,, 77878 |
| Eastfield House | Brasenose Driftway, Cowley | ,, 70598 |
| Industrial Training Unit | Brasenose Driftway, Cowley | ,, 79570 |
| St. Nicholas House | St. Nicholas Road, Littlemore | ,, 77855 |
| Ambulance Headquarters | Churchill Drive, Old Road, Headington | ,, 61336 |

## (d) CLINICS

1. *Cervical Cytology*

| | | |
|---|---|---|
| Bury Knowle House, Old High Street, Headington | Friday | 9.30 a.m.—12 noon |
| East Oxford Health Centre, Cowley Road | Tuesday | 9.30 a.m.—12 noon |
| 60 St. Aldate's | Thursday | 9.30 a.m.—12 noon |

2. *Child Health*

| | | |
|---|---|---|
| British Legion Hall, Hadow Road, New Marston | Wednesday | 2—4 p.m. |
| Bury Knowle House, Old High Street, Headington | *Tuesday | 2—4 p.m. |
| | Thursday | 2—4 p.m. |
| | *Friday | 2—3 p.m. |
| Church Hall, Bayswater Road, Headington | Wednesday | 2—4 p.m. |
| Clinic Premises, Albert Street, St. Barnabas | Monday | 2—4 p.m. |
| | *Wednesday | 2—4 p.m. |
| Clinic Premises, Lake Street, Hinksey | *Tuesday | 2—4 p.m. |
| | Friday | 2—4 p.m. |
| Clinic Premises, Maltfield Road, Northway Estate | Thursday | 2—4 p.m. |
| Clinic Premises, Slade Park, 2nd Avenue | Friday | 2—4 p.m. |
| Clinic Premises, South Parade, Summertown | Tuesday | 2—4 p.m. |
| | Thursday | 10.00 a.m. —12 noon |
| Clinic Premises, Temple Road, Cowley | Monday | 2—4 p.m. |
| | *Tuesday | 2—4 p.m. |
| | *Wednesday | 9—11 a.m. |
| Community Centre, Binsey Lane | Tuesday | 2—4 p.m. |
| Community Centre, The Oval, Rose Hill | Thursday | 2—4 p.m. |
| Donnington School Clinic, Henley Avenue | Wednesday | 2—4 p.m. |
| | *Friday | 2—4 p.m. |
| Health Centre, Blackbird Leys Road | *Tuesday | 2—4 p.m. |
| | *Wednesday | 10—11 a.m. |
| | Wednesday | 2—4 p.m. |
| | *Thursday | 2—4 p.m. |
| Health Centre, Summertown, 160 Banbury Rpad | *Tuesday | 2—4 p.m. |
| Health Centre, East Oxford, Cowley Road | Monday | 2—4 p.m. |
| | *Wednesday | 2—4 p.m. |
| | *Thursday | 2.30— 4.00 p.m. |
| | *Friday | 2—4 p.m. |
| Village Hall, Wolvercote | Thursday | 2—4 p.m. |
| Surgery Premises, 12 Old High Street, Headington | *Wednesday | 2—3 p.m. |

* General Practice Clinic.

3. *Immunisation and Vaccination*

| | | |
|---|---|---|
| Health Department, Greyfriars, Paradise Street (also at Child Health Clinics) | Tuesday | 2.00 p.m. (by appointment) |
| Yellow Fever, Greyfriars, Paradise Street | Tuesday | 2.00 p.m. (by appointment) |

4. *Dental*

East Oxford Health Centre, Cowley Road (by appointment)

# SECTION II

## STATISTICS

Report prepared by H. G. ANNELY
Chief Administrative Assistant

| | |
|---|---|
| Area of City .. .. .. .. .. .. .. | 8,785 acres |
| Population (estimated mid-year 1968) .. .. .. | 110,050 |
| Number of inhabited houses at 31.3.68 .. .. .. | 31,500 |
| Rateable value of City at 31.3.68 .. .. .. .. | £6,986,583 |
| Product of a penny rate for 1967/68 .. .. .. .. | £29,470 |

Total cost of all health services 1967/68:—

| | *Gross* £ | *Net* £ |
|---|---|---|
| Public Health Services .. .. .. | 53,699 | 51,420 |
| Local Health Authority Services .. .. | 358,173 | 305,364 |
| Welfare Services .. .. .. .. | 381,231 | 245,969 |
| | £793,103 | £602,753 |

In addition to the above, the City Council's share of the net expenditure of the City and County Joint Ambulance Committee in 1967/68 was £76,209.

| | *City of Oxford Average* | | *England and Wales* |
|---|---|---|---|
| | 1968 | 1958–67 | 1968 |
| Live births:— | | | |
| Number .. .. .. .. | 1,560 | | 822,000 |
| Rate per 1,000 population (recorded) | 14.17 | 15.65 | |
| Rate per 1000 population (as adjusted by comparability factor 0.94) .. .. .. .. | 13.32 | | 16.9 |
| Illegitimate live births per cent of total live births .. .. .. | 12.44 | 10.11 | |
| Stillbirths:— | | | |
| Number .. .. .. .. | 17 | | 12,000 |
| Rate per 1,000 total live and stillbirths .. .. .. .. | 10.78 | 13.47 | 14.0 |
| Total live and stillbirths .. .. | 1,577 | | 834,000 |
| Infant deaths (deaths under 1 year) .. | 21 | | |

| | | | |
|---|---|---|---|
| Infant mortality rates:— | | | |
| Total infant deaths per 1,000 live births .. .. .. .. | 13.46 | 17.22 | 18.0 |
| Legitimate infant deaths per 1,000 legitimate live births .. .. | 10.98 | 16.91 | |
| Illegitimate infant deaths per 1,000 illegitimate live births .. .. | 30.93 | 18.00 | |
| Neonatal mortality rate (deaths under 4 weeks per 1,000 total live births) .. | 11.54 | 11.55 | 12.3 |
| Early neonatal mortality rate (deaths under 1 week per 1,000 total live births) .. .. .. .. | 10.26 | 10.00 | 10.5 |
| Perinatal mortality rate (stillbirths and deaths under 1 week per 1,000 total live and stillbirths) .. .. .. | 20.93 | 23.48 | 25.0 |
| Maternal mortality (including abortion) | | | |
| Number of deaths .. .. .. | 1 | | |
| Rate per 1,000 total live and stillbirths .. .. .. .. | 0.63 | 0.28 | |
| Death rate per 1,000 population (recorded) | 10.81 | 10.18 | |
| Death rate per 1,000 population (as adjusted by comparability factor 0.94) | 10.16 | | 11.9 |
| Death rate per 1,000 population from:— | | | |
| (*a*) Diseases of the heart and circulatory system .. .. .. | 5.64 | 3.61 | |
| (*b*) Cancer (all forms) .. .. | 1.84 | 1.97 | |
| (*c*) Influenza, Pneumonia, Bronchitis and other diseases of the respiratory system .. .. | 1.76 | 1.33 | |
| (*d*) Tuberculosis (all forms) .. | 0.01 | 0.05 | |
| (*e*) Violence (including suicides) .. | 0.46 | 0.55 | |

## (a) BIRTHS

Of the 4,691 notified live births, 1,506 were Oxford residents and 54 births to Oxford residents occurred outside the City, making a total of 1,560 births allocated to the City. Of these 1,366 were legitimate (688 male, 678 female) and 194 were illegitimate (88 male, 106 female).

# CLASSIFICATION OF BIRTHS OCCURRING IN THE CITY

## (a) Notified Births

| | Resident | | Non-resident | |
|---|---|---|---|---|
| | Live births | Still-births | Live births | Still-births |
| Notified by domiciliary midwives | 229 | — | 3 | — |
| Notified by domiciliary midwives from General Practitioner Maternity Unit .. .. | 245 | — | 213 | — |
| Notified by Nuffield Maternity Home | 571 | 6 | 2,058 | 27 |
| Notified by Churchill Hospital | 461 | 10 | 911 | 9 |
| | 1,506 | 16 | 3,185 | 36 |

## (b) Registered Births

Total live births:—

| | | | |
|---|---|---|---|
| Male | .. .. .. | | 2,442 |
| Female | .. .. .. | | 2,300 |
| | .. .. .. | | 4,742 |
| (Illegitimate | .. .. | | 418) |

| | Resident | | Non-resident | |
|---|---|---|---|---|
| | Live births | Still-births | Live births | Still-births |
| Born in Nuffield Maternity Home | 584 | 7 | 2,065 | 27 |
| Born in Churchill Hospital .. | 468 | 10 | 915 | 9 |
| Born in General Practitioner Maternity Unit .. .. .. | 253 | — | 224 | — |
| Born in private houses .. .. | 230 | — | 3 | — |
| Place of birth unknown .. .. | — | 1 | — | — |
| | 1,535 | 18 | 3,207 | 36 |

## Births and deaths in the City, 1923—1968

| Year | Population estimated to Middle of each year | Births | | | Total Deaths Registered in the District | | Transferable Deaths | | Net deaths belonging to the District | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Net | | | | of Non-residents registered in the District | of Residents not registered in the District | Under 1 year | | At all ages | |
| | | Uncorrected No. | No. | Rate | No. | Rate | | | No. | Rate per 1000 Net Births | No. | Rate |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 1923 | 56,920 | 997 | 876 | 15.39 | 699 | 12.28 | 157 | 49 | 39 | 44.5 | 594 | 10.4 |
| 1924 | 57,260 | 1052 | 878 | 15.30 | 826 | 14.42 | 163 | 21 | 46 | 52.4 | 685 | 11.9 |
| 1925 | 57,090 | 1079 | 882 | 15.45 | 815 | 14.27 | 190 | 50 | 44 | 49.88 | 677 | 11.8 |
| 1926 | 56,800 | 1072 | 852 | 15.00 | 813 | 14.31 | 194 | 69 | 51 | 59.8 | 691 | 12.1 |
| 1927 | 57,050 | 1079 | 848 | 14.86 | 847 | 14.84 | 194 | 71 | 40 | 47.17 | 743 | 13.0 |
| 1928 | 60,800 | 1162 | 836 | 13.75 | 766 | 12.59 | 204 | 73 | 32 | 38.27 | 634 | 10.4 |
| 1929 | *70,730 / 70,590 | 1265 | 1017 | 14.37 | 1082 | 15.30 | 216 | 52 | 65 | 63.91 | 918 | 13.0 |
| 1930 | *74,000 / 73,810 | 1380 | 1159 | 15.66 | 966 | 13.08 | 211 | 48 | 47 | 40.55 | 803 | 10.8 |
| 1931 | *80,810 / 80,530 | 1427 | 1216 | 15.04 | 1005 | 12.48 | 195 | 57 | 54 | 44.4 | 867 | 10.7 |
| 1932 | 81,260 | 1397 | 1114 | 13.71 | 1054 | 12.97 | 212 | 49 | 69 | 62.94 | 891 | 10.9 |
| 1933 | 83,410 | 1460 | 1140 | 13.67 | 1086 | 13.03 | 220 | 59 | 37 | 32.46 | 925 | 11.0 |
| 1934 | 85,800 | 1578 | 1200 | 13.98 | 1104 | 12.87 | 280 | 42 | 54 | 45.00 | 866 | 10.0 |
| 1935 | 88,200 | 1748 | 1344 | 15.24 | 1130 | 12.81 | 289 | 52 | 41 | 30.51 | 893 | 10.1 |
| 1936 | 90,140 | 1787 | 1379 | 15.30 | 1153 | 12.79 | 299 | 62 | 62 | 44.96 | 916 | 10.1 |
| 1937 | 92,440 | 1779 | 1343 | 14.53 | 1193 | 12.90 | 297 | 57 | 49 | 36.48 | 953 | 10.3 |
| 1938 | 94,090 | 1867 | 1438 | 15.28 | 1128 | 12.00 | 300 | 44 | 51 | 35.47 | 872 | 9.2 |
| 1939 | 96,200 | 1966 | 1340 | 14.02 | 1248 | 13.97 | 397 | 55 | 31 | 22.68 | 906 | 9.8 |
| 1940 | 96,570 | 2417 | 1401 | 14.51 | 1608 | 16.65 | 484 | 79 | 62 | 40.39 | 1203 | 12.4 |
| 1941 | 106,900 | 3144 | 1506 | 14.09 | 1584 | 14.82 | 520 | 64 | 57 | 34.25 | 1136 | 10.6 |
| 1942 | 104,600 | 3124 | 1615 | 15.41 | 1480 | 14.51 | 519 | 59 | 54 | 33.5 | 1020 | 9.7 |
| 1943 | 103,900 | 3166 | 1676 | 16.13 | 1510 | 14.53 | 482 | 66 | 55 | 32.82 | 1094 | 10.5 |
| 1944 | 100,370 | 3554 | 1889 | 18.82 | 1484 | 14.78 | 566 | 60 | 46 | 24.35 | 978 | 9.7 |
| 1945 | 98,020 | 2858 | 1683 | 17.17 | 1509 | 15.39 | 510 | 57 | 59 | 35.05 | 1056 | 10.7 |
| 1946 | 100,590 | 2970 | 1838 | 18.27 | 1430 | 14.21 | 476 | 57 | 60 | 32.64 | 1011 | 10.0 |
| 1947 | 103,210 | 3195 | 1895 | 18.36 | 1484 | 14.38 | 434 | 64 | 56 | 29.55 | 1114 | 10.7 |
| 1948 | 105,150 | 2833 | 1628 | 15.48 | 1328 | 12.63 | 461 | 40 | 38 | 23.34 | 907 | 8.6 |
| 1949 | 107,100 | 3022 | 1643 | 15.34 | 1500 | 14.00 | 506 | 77 | 44 | 26.78 | 1071 | 10.0 |
| 1950 | 108,200 | 2981 | 1549 | 14.32 | 1504 | 13.91 | 520 | 67 | 31 | 20.01 | 1051 | 9.7 |
| 1951 | 106,400 | 2956 | 1543 | 14.50 | 1608 | 15.11 | 579 | 83 | 29 | 18.79 | 1112 | 10.4 |
| 1952 | 107,100 | 2927 | 1557 | 14.55 | 1536 | 14.35 | 635 | 56 | 37 | 23.76 | 957 | 8.9 |
| 1953 | 107,000 | 2861 | 1569 | 14.66 | 1573 | 14.70 | 499 | 35 | 32 | 20.40 | 1109 | 10.3 |
| 1954 | 106,900 | 2748 | 1458 | 13.64 | 1584 | 14.82 | 637 | 33 | 34 | 23.32 | 980 | 9.1 |
| 1955 | 105,500 | 2832 | 1412 | 13.38 | 1674 | 15.87 | 709 | 37 | 28 | 19.83 | 1002 | 9.5 |
| 1956 | 104,500 | 3034 | 1421 | 13.60 | 1727 | 16.53 | 681 | 34 | 28 | 19.70 | 1080 | 10.3 |
| 1957 | 104,400 | 3247 | 1477 | 13.60 | 1639 | 15.72 | 641 | 40 | 28 | 18.95 | 1038 | 9.9 |
| † | 104,230 | | | | | | | | | | | |
| 1958 | 104,100 | 3170 | 1433 | 13.76 | 1753 | 16.84 | 735 | 39 | 30 | 20.93 | 1057 | 10.1 |
| 1959 | 104,000 | 3438 | 1560 | 15.0 | 1847 | 17.38 | 777 | 47 | 31 | 19.87 | 1117 | 10.7 |
| 1960 | 104,490 | 3583 | 1549 | 14.83 | 1747 | 16.72 | 737 | 43 | 25 | 16.14 | 1053 | 10.0 |
| 1961 | 106,410 | 3828 | 1695 | 15.93 | 1781 | 16.74 | 760 | 44 | 30 | 17.70 | 1065 | 10.0 |
| 1962 | 106,560 | 3966 | 1695 | 15.91 | 1893 | 17.76 | 788 | 57 | 28 | 16.92 | 1162 | 10.9 |
| 1963 | 107,110 | 4283 | 1842 | 17.20 | 1971 | 18.40 | 897 | 59 | 27 | 14.66 | 1133 | 10.5 |
| 1964 | 108,880 | 4438 | 1872 | 17.19 | 1899 | 17.44 | 869 | 61 | 34 | 18.16 | 1091 | 10.0 |
| 1965 | 109,320 | 4553 | 1805 | 16.51 | 1994 | 18.24 | 1000 | 55 | 31 | 17.71 | 1049 | 9.6 |
| 1966 | 109,510 | 4636 | 1723 | 15.73 | 1988 | 18.15 | 934 | 51 | 28 | 16.25 | 1105 | 10.0 |
| 1967 | 109,350 | 4686 | 1687 | 15.43 | 1915 | 17.51 | 918 | 61 | 25 | 14.82 | 1058 | 9.6 |
| 1968 | 110,050 | 4742 | 1560 | 14.17 | 2088 | 18.97 | 973 | 75 | 21 | 13.46 | 1190 | 10.8 |

*Population birth rate. City Extended 1st April 1929.

†Population birth and death rates. City Extended 1st April, 1957.

The rates for 1939, 1940 and 1941 are based on figures of births supplied by the Registrar General which are adjusted to allow for evacuation population.

# Causes of death at different periods of life in the City of Oxford during 1968

*(Table of Registrar General)*

| Causes of Death | All ages | Under 4 weeks | 4 weeks and under 1 year | 1- | 5- | 15- | 25- | 35- | 45- | 55- | 65- | 75- |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ALL CAUSES | 1190 | 18 | 3 | 6 | 6 | 11 | 16 | 14 | 48 | 190 | 278 | 600 |
| 1. Enteritis and other diarrhoeal diseases | 1 | — | — | 1 | — | — | — | — | — | — | — | — |
| 2. Tuberculosis of respiratory system | 1 | — | — | — | — | — | — | — | — | 1 | — | — |
| 3. Other infective and parasitic diseases | 6 | 1 | — | — | — | — | — | — | — | 2 | 1 | 2 |
| 4. Malignant neoplasm, stomach | 24 | — | — | — | — | — | — | — | 1 | 7 | 6 | 10 |
| 5. Malignant neoplasm, lung, bronchus | 52 | — | — | — | — | — | — | — | 3 | 23 | 21 | 5 |
| 6. Malignant neoplasm, breast | 20 | — | — | — | — | — | — | — | 4 | 7 | 2 | 7 |
| 7. Malignant neoplasm, uterus | 5 | — | — | — | — | — | — | — | 2 | 2 | — | 1 |
| 8. Leukaemia | 8 | — | — | — | 1 | — | 1 | — | 1 | 4 | — | 1 |
| 9. Other malignant neoplasms, etc. | 100 | — | — | — | — | — | — | 2 | 6 | 26 | 35 | 31 |
| 10. Benign and unspecified neoplasms | 2 | — | — | — | — | — | — | — | 1 | — | — | 1 |
| 11. Diabetes mellitus | 10 | — | — | — | — | — | — | — | — | 2 | — | 8 |
| 12. Other endocrine etc. diseases | 3 | 1 | — | — | — | — | — | — | — | — | — | 2 |
| 13. Anaemias | 1 | — | — | — | — | — | — | — | — | 1 | — | — |
| 14. Mental disorders | 3 | — | — | — | — | — | — | — | — | — | 1 | 2 |
| 15. Other diseases of nervous system, etc. | 10 | — | — | — | 1 | — | 1 | 1 | 2 | 2 | — | 3 |
| 16. Chronic rheumatic heart disease | 12 | — | — | — | — | — | 1 | 1 | — | 2 | 3 | 5 |
| 17. Hypertensive disease | 12 | — | — | — | — | — | — | — | — | 3 | 3 | 6 |
| 18. Ischaemic heart disease | 345 | — | — | — | — | 1 | 1 | 6 | 14 | 49 | 95 | 179 |
| 19. Other forms of heart disease | 45 | — | — | — | — | — | — | 1 | — | 6 | 6 | 32 |
| 20. Cerebro-vascular disease | 155 | — | — | — | — | — | 1 | 1 | 3 | 22 | 31 | 97 |
| 21. Other diseases of circulatory system | 52 | — | — | — | — | — | — | — | 1 | 5 | 12 | 34 |
| 22. Influenza | 9 | — | — | — | — | — | — | — | — | 1 | 1 | 7 |
| 23. Pneumonia | 107 | 2 | — | — | 1 | — | — | 1 | — | 3 | 15 | 85 |
| 24. Bronchitis and emphysema | 61 | — | — | — | — | — | — | — | 2 | 6 | 21 | 32 |
| 25. Asthma | 3 | — | — | — | — | — | 1 | 1 | — | — | — | 1 |
| 26. Other diseases of respiratory system | 14 | — | 1 | 3 | — | — | — | — | — | 3 | 1 | 6 |
| 27. Peptic ulcer | 9 | — | — | — | — | — | — | — | — | 2 | 3 | 4 |
| 28. Intestinal obstruction and hernia | 3 | 1 | — | — | — | — | — | — | — | — | 1 | 1 |
| 29. Cirrhosis of liver | 9 | — | — | — | — | — | — | — | 2 | 3 | 4 | — |
| 30. Other diseases of digestive system | 14 | — | — | — | — | — | 1 | — | — | 1 | 1 | 11 |
| 31. Nephritis and nephrosis | 7 | — | — | — | — | 1 | 2 | — | — | 1 | 2 | 1 |
| 32. Hyperplasia of prostate | 3 | — | — | — | — | — | — | — | — | — | 1 | 2 |
| 33. Other diseases, genito-urinary system | 7 | — | — | — | — | — | — | — | — | 2 | 2 | 3 |
| 34. Other complications of pregnancy | 1 | — | — | — | — | — | — | — | 1 | — | — | — |
| 35. Diseases of skin, subcutaneous tissue | 3 | — | — | — | — | — | — | — | — | — | 1 | 2 |
| 36. Diseases of musculo-skeletal system | 4 | — | — | — | — | — | — | — | — | 1 | — | 3 |
| 37. Congenital anomalies | 7 | 2 | 1 | 2 | — | — | — | — | 1 | 1 | — | — |
| 38. Birth injury, difficult labour, etc. | 5 | 5 | — | — | — | — | — | — | — | — | — | — |
| 39. Other causes of perinatal mortality | 6 | 6 | — | — | — | — | — | — | — | — | — | — |
| 40. Motor vehicle accidents | 14 | — | — | — | — | 6 | 3 | — | 1 | 1 | 2 | 1 |
| 41. All other accidents | 24 | — | 1 | — | 3 | 1 | 1 | — | — | — | 6 | 12 |
| 42. Suicide and self-inflicted injuries | 8 | — | — | — | — | 1 | 2 | — | 3 | — | — | 2 |
| 43. All other external causes | 5 | — | — | — | — | 1 | 1 | — | — | 1 | 1 | 1 |

The deaths of Oxford residents registered away from Oxford are included in, and the deaths of non-residents registered in Oxford are excluded from the Oxford net deaths.

## CLASSIFICATION OF THE CAUSES OF DEATH

The preceding table gives a short analysis of the causes of death and the ages at which they occurred. Of the total of 1,190 deaths (1,058 in 1967) 589 were male and 601 female. The table has been revised in accordance with the eighth edition of the International Statistical Classification of Diseases, Injuries and Causes of Death.

Only one death was directly attributable to tuberculosis of the respiratory system. This occurred in a man aged 56 years.

There was an increase in the number of deaths in the respiratory diseases group, namely:—

| | 1968 | 1967 |
|---|---|---|
| Influenza .. .. .. .. .. .. | 9 | — |
| Pneumonia .. .. .. .. .. .. | 107 | 79 |
| Bronchitis .. .. .. .. .. .. | 61 | 41 |
| Other diseases of respiratory system .. .. | 17 | 12 |
| | 194 | 132 |

Most of the deaths occurred in the 75+ age group.

Deaths from cancer (all sites) numbered 203 compared with 249 in 1967. Deaths from cancer of the lung and bronchus numbered 52 (46 male and 6 female) a decrease of 8 over the previous year.

One maternal death occurred. There were no deaths from measles or whooping cough.

### Residents who Died in Institutions in Oxford

| | 1968 |
|---|---|
| United Oxford Hospitals Group .. .. .. .. .. | 566 |
| Oxford Regional Hospital Board Group .. .. .. | 4 |
| Nursing Homes and other Institutions .. .. .. .. | 33 |
| Old People's Homes (Local Health Authority) .. .. .. | 73 |
| Old People's Homes (Private) .. .. .. .. .. | 13 |
| | *689 |

*—33% of total deaths

### Residents who Died away from Oxford

| | 1968 |
|---|---|
| Regional Hospital Board Group .. .. .. .. .. | 16 |
| Institutions and Nursing Homes .. .. .. .. .. | 31 |
| Private Houses .. .. .. .. .. .. .. | 20 |
| Accidents, etc. .. .. .. .. .. .. .. | 8 |
| | 75 |

## Non-residents who Died in Oxford

| | 1968 |
|---|---|
| United Oxford Hospitals Group .. .. .. .. .. | 870 |
| Oxford Regional Hospital Board Group .. .. .. | 6 |
| Other Institutions and Nursing Homes .. .. .. .. | 22 |
| Private Houses .. .. .. .. .. .. .. | 6 |
| Accidents, etc. .. .. .. .. .. .. .. | 69 |
| | 973 |

## DEATHS FROM TUBERCULOSIS
## Years 1949—1968

| | Pulmonary | | | | | | | Non-Pulmonary | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0— | 1— | 5— | 15— | 45— | 65— | Total | 0— | 1— | 5— | 15— | 45— | 65— | Total |
| 1949 | — | — | — | 11 | 4 | 9 | 24 | — | 1 | — | 2 | — | 1 | 4 |
| 1950 | — | — | 1 | 7 | 9 | 6 | 23 | — | — | 1 | 1 | 3 | — | 5 |
| 1951 | — | — | — | 3 | 14 | 7 | 24 | — | 1 | — | 2 | 1 | 1 | 5 |
| 1952 | — | — | 1 | 4 | 6 | — | 11 | — | 1 | — | 1 | 1 | 1 | 4 |
| 1953 | — | — | — | 5 | 8 | 7 | 20 | — | — | — | 1 | 1 | — | 2 |
| 1954 | — | — | — | 3 | — | 4 | 7 | — | — | — | 1 | — | — | 1 |
| 1955 | — | — | — | 2 | 3 | 5 | 10 | — | — | — | 1 | 1 | — | 2 |
| 1956 | — | — | — | 1 | 2 | 2 | 5 | — | — | — | — | — | — | — |
| 1957 | — | — | — | — | 4 | 1 | 5 | — | — | — | 1 | — | — | 1 |
| 1958 | — | — | — | — | 2 | 4 | 6 | — | — | — | — | — | — | — |
| 1959 | — | — | — | 3 | 3 | 3 | 9 | — | — | 1 | — | 1 | — | 2 |
| 1960 | — | — | — | 3 | 1 | 3 | 7 | — | — | — | 1 | — | 1 | 2 |
| 1961 | — | — | — | — | 3 | 2 | 5 | — | — | — | — | — | — | — |
| 1962 | — | — | — | — | — | 3 | 3 | — | — | — | 1 | — | — | 1 |
| 1963 | — | — | — | 1 | 2 | 4 | 7 | — | — | — | — | 1 | 1 | 2 |
| 1964 | — | — | — | 1 | 1 | 3 | 5 | — | — | — | — | 1 | — | 1 |
| 1965 | — | — | — | 1 | — | 1 | 2 | — | — | — | — | 1 | — | 1 |
| 1966 | — | — | — | — | — | 1 | 1 | — | — | — | — | — | — | — |
| 1967 | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| 1968 | — | — | — | — | 1 | — | 1 | — | — | — | — | — | — | — |

The following table shows the deaths from cancer under various headings for the last twelve years:—

| | 1957 | 1958 | 1959 | 1960 | 1961 | 1962 | 1963 | 1964 | 1965 | 1966 | 1967 | 1968 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Uterus .. .. | 5 | 6 | 8 | 8 | 4 | 5 | 8 | 5 | 7 | 7 | 11 | 5 |
| Stomach— | | | | | | | | | | | | |
| Male .. .. | 18 | 13 | 13 | 17 | 21 | 13 | 17 | 16 | 10 | 8 | 17 | 16 |
| Female .. .. | 2 | 9 | 7 | 16 | 12 | 15 | 18 | 13 | 8 | 9 | 7 | 8 |
| Lung, bronchus— | | | | | | | | | | | | |
| Male .. .. | 38 | 35 | 43 | 40 | 44 | 53 | 37 | 44 | 39 | 45 | 48 | 46 |
| Female .. .. | 11 | 2 | 7 | 6 | 11 | 9 | 8 | 18 | 13 | 12 | 12 | 6 |
| Breast .. .. .. | 17 | 17 | 27 | 17 | 27 | 21 | 22 | 21 | 12 | 19 | 27 | 20 |
| All other sites— | | | | | | | | | | | | |
| Male .. .. | 53 | 49 | 43 | 56 | 48 | 60 | 52 | 52 | 49 | 57 | 76 | 50 |
| Female .. .. | 46 | 45 | 54 | 48 | 47 | 48 | 42 | 51 | 56 | 60 | 51 | 52 |
| Totals .. .. | 190 | 176 | 202 | 208 | 214 | 224 | 204 | 220 | 194 | 217 | 249 | 203 |

## AGE AND SEX DISTRIBUTION OF CANCER DEATHS

| | All ages | Under 4 weeks | 4 wks. & under 1 year | 1— | 5— | 15— | 25— | 35— | 45— | 55— | 65— | 75— |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Male .. | 112 | — | — | — | — | — | — | 1 | 3 | 40 | 47 | 21 |
| Female .. | 91 | — | — | — | — | — | — | 1 | 14 | 25 | 17 | 34 |
| Total .. | 203 | — | — | — | — | — | — | 2 | 17 | 65 | 64 | 55 |

Analysis of deaths from cancer according to the site of the disease:—

### Male

| | Under 4 weeks | 4 wks. & under 1 year | 1— | 5— | 15— | 25— | 35— | 45— | 55— | 65— | 75— |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Stomach .. .. | — | — | — | — | — | — | — | 1 | 6 | 5 | 4 |
| Lung, bronchus .. | — | — | — | — | — | — | — | 1 | 22 | 19 | 4 |
| All other sites .. | — | — | — | — | — | — | 1 | 1 | 12 | 23 | 13 |
| Total .. .. | — | — | — | — | — | — | 1 | 3 | 40 | 47 | 21 |

### Female

| | Under 4 weeks | 4 wks. & under 1 year | 1— | 5— | 15— | 25— | 35— | 45— | 55— | 65— | 75— |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Stomach .. .. | — | — | — | — | — | — | — | — | 1 | 1 | 6 |
| Lung, bronchus .. | — | — | — | — | — | — | — | 2 | 1 | 2 | 1 |
| Breast .. .. | — | — | — | — | — | — | — | 4 | 7 | 2 | 7 |
| Uterus .. .. | — | — | — | — | — | — | — | 2 | 2 | — | 1 |
| All other sites .. | — | — | — | — | — | — | 1 | 6 | 14 | 12 | 19 |
| Total .. .. | — | — | — | — | — | — | 1 | 14 | 25 | 17 | 34 |

## (b) MORBIDITY REPORT

### Sickness in Oxford County Borough Residents treated by hospital inpatient care 1963—1967

(Professor E. D. Acheson, Dr. E. H. Rang and Dr. A. S. Fairbairn)

Estimates of the morbidity and mortality due to the communicable diseases have formed part of public health reports since their inception in the nineteenth century. Such data are generally derived from the notification of cases of the diseases in question by the doctor concerned to the medical officer of health.

With the decline in the importance of communicable diseases as a cause of illness it has become desirable to obtain information about the frequency of other common causes of sickness and death in the community. As hardly any of these are notifiable, different methods of data collection are necessary. Since the beginning of 1962 certain data from the records of every birth, hospital admission and death in the population of Oxford and the surrounding area have been abstracted, coded, punched on cards and matched into cumulative files. Using this system of linked files which includes data on age, sex and social class, it is possible to bring together information about successive events as they happen to an individual and enable his progress to be followed over a defined period of time.

The tables which follow supply data about some of the dominant diseases of the day as they affect residents of the Oxford County Borough. The data has been collected by the Oxford Record Linkage Study which is a unit within the Nuffield Department of Clinical Medicine of Oxford University, financed jointly by the Nuffield Provincial Hospital Trust and the Ministry of Health. The methods of data collection and processing have been described elsewhere (Acheson, E.D., "Medical Record Linkage", 1967 published by Oxford University Press).

### General Points in Interpretation of the data

The data shown in the tables which follow are restricted to episodes of hospital inpatient treatment experienced by persons giving an address within the boundaries of Oxford County Borough at the time of their admission to hospital, and who were treated in National Health Service Hospitals within the Oxford Record Linkage Study Area. Thus, patients treated as outpatients, at home or in hospitals elsewhere, e.g. in London, are excluded. The discharge rates refer to episodes of treatment, not persons treated, which means that where a person is discharged more than once for the same condition during the year concerned, he is counted more than once.

Discharge rates have been calculated on the basis of the annual estimates of the population of Oxford C.B.C. published by the General

Register Office, distributed by sex and age from figures supplied by Mr. H. G. Annely, Chief Administrative Assistant.

## Table 1

All discharges from hospital for Oxford City residents (within the limits described above) for the years 1965-1967 are represented in this Table. In order to give a broad view of the pattern of inpatient sickness, they have been broken down into classes of disease according to the conventions of the International Classification of Diseases and Causes of Death. Discharge rates per thousand population are given for each sex separately and for both sexes. The numbers in brackets indicate the rank order of magnitude of each class in terms of the discharge rate.

If both sexes are considered together, in 1967 the five most frequent causes of admission in rank order are neoplasms, accidents and violence, diseases of the digestive system, diseases of the nervous system and sense organs, and diseases of the respiratory system. This shows some changes from the order in 1965 and 1966, as neoplasms and accidents and violence have reversed their rank order since 1965 and diseases of the respiratory system have dropped from rank order 2 in 1965 to rank order 5 in 1967. For males, accidents and violence have remained in rank order 1 in all 3 years, diseases of the respiratory system has fallen from rank order 2 in 1965 to rank order 3 in 1967 changing places with diseases of the digestive system, neoplasms have been in rank order 4 for the past 2 years and diseases of the nervous system and sense organs are in rank order 5. For females, neoplasms and diseases of the genito-urinary systems have remained in first and second places and diseases of the nervous system and sense organs have been in third place for 2 out of the 3 years, but accidents and violence have risen from rank order 2 in previous years to rank order 4 in 1967, and diseases of the respiratory system have fallen from rank order 4 in 1965 to rank order 7 in 1966 and 1967.

To interpret this table correctly it is desirable to have some knowledge of the conventions of the International classification. For example 34.1% of the discharges attributed to the diseases of the respiratory system are cases of hypertrophy of the tonsils and adenoids admitted for tonsillectomy. Neoplasms include both benign and malignant growths and much of the difference between the sexes is due to admissions for treatment of uterine fibroids in women.

This table does not take any account of the fatality or chronicity of the diseases in question. If, for example, the total number of bed days or the proportion of deaths suffered in each group was calculated, the rank order would be different.

## Table 1

Discharge rates from hospital, in each category of the International Classification of Diseases; Oxford C.B.C. residents 1965—1967 by sex.

| I.C.D. Group Nos. | Diagnostic Groups | 1965 | | | 1966 | | | 1967 | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Discharge rate per 1,000 | | | Discharge rate per 1,000 | | | Discharge rate per 1,000 | | |
| | | Males | Females | Persons | Males | Females | Persons | Males | Females | Persons |
| I | Infective and Parasitic Diseases | (12) 2.75 | (14) 1.91 | (13) 2.33 | (13) 2.64 | (15) 1.90 | (13) 2.27 | (10) 3.57 | (15) 1.83 | (13) 2.71 |
| II | Neoplasms | (6) 5.80 | (1) 10.50 | (4) 8.14 | (4) 8.33 | (1) 10.54 | (1) 9.42 | (4) 9.29 | (1) 14.64 | (1) 11.93 |
| III & IV | Allergic, Endocrine System, Metabolic, and Nutritional Diseases | (13) 2.53 | (13) 3.72 | (12) 3.12 | (11) 2.91 | (13) 3.75 | (12) 3.32 | (12) 3.04 | (13) 3.72 | (12) 3.37 |
| V | Psychiatric Diseases | (7) 5.22 | (8) 5.11 | (8) 5.17 | (7) 5.46 | (8) 5.33 | (8) 5.40 | (7) 5.67 | (8) 5.90 | (8) 5.78 |
| VI | Diseases of the Nervous System and Sense Organs | (5) 6.17 | (3) 8.52 | (5) 7.34 | (6) 7.07 | (5) 7.90 | (6) 7.48 | (5) 7.87 | (3) 8.95 | (4) 8.40 |
| VII | Diseases of the Circulatory System | (4) 6.66 | (7) 6.24 | (6) 6.45 | (5) 7.52 | (4) 8.03 | (5) 7.77 | (6) 6.90 | (6) 6.58 | (7) 6.74 |
| VIII | Diseases of the Respiratory System | (2) 10.03 | (4) 8.46 | (2) 9.25 | (2) 10.25 | (7) 7.16 | (4) 8.72 | (3) 9.72 | (7) 6.32 | (5) 8.04 |
| IX | Diseases of the Digestive System | (3) 10.01 | (5) 7.98 | (3) 9.00 | (3) 9.47 | (3) 8.14 | (3) 8.81 | (2) 10.32 | (5) 7.73 | (3) 9.04 |
| X | Diseases of the Genito-Urinary System | (8) 3.93 | (2) 8.72 | (7) 6.31 | (8) 4.34 | (2) 8.95 | (7) 6.62 | (8) 4.92 | (2) 10.48 | (6) 7.67 |
| XI | Complications of Pregnancy* | — | (12) 3.92 | — | — | (12) 4.32 | — | — | (12) 3.81 | — |
| XII | Diseases of the Skin and Cellular Tissue | (15) 1.29 | (16) 1.49 | (15) 1.39 | (16) 1.14 | (16) 1.13 | (16) 1.13 | (16) 1.63 | (17) 1.31 | (16) 1.47 |
| XIII | Diseases of the Bones and Organs of Movement | (9) 3.71 | (10) 4.08 | (9) 3.90 | (10) 3.87 | (9) 4.85 | (9) 4.36 | (11) 3.48 | (10) 5.06 | (11) 4.26 |
| XIV | Congenital Malformations | (16) 1.07 | (17) 0.92 | (16) 1.00 | (15) 1.57 | (16) 1.13 | (15) 1.35 | (14) 1.85 | (16) 1.28 | (15) 1.56 |
| XV | Certain Diseases of Early Infancy | (17) 0.10 | (18) 0.10 | (17) 0.10 | (17) 0.25 | (18) 0.09 | (17) 0.17 | (17) 0.16 | (18) 0.11 | (17) 0.14 |
| XVI | Symptoms, Senility, and Ill-defined Conditions | (10) 3.64 | (11) 4.05 | (10) 3.84 | (9) 3.92 | (10) 4.82 | (9) 4.36 | (9) 4.47 | (11) 4.57 | (9) 4.52 |
| XVII | Accidents and Violence | (1) 12.42 | (6) 7.28 | (1) 9.87 | (1) 10.95 | (6) 7.60 | (2) 9.30 | (1) 12.78 | (4) 8.17 | (2) 10.50 |
| | Poisoning | (14) 1.55 | (15) 1.86 | (14) 1.70 | (14) 1.93 | (14) 2.12 | (14) 2.03 | (15) 1.83 | (14) 2.61 | (14) 2.21 |
| | Special Examinations and Aftercare | (11) 2.80 | (9) 4.25 | (11) 3.52 | (12) 2.82 | (11) 4.43 | (11) 3.62 | (13) 3.00 | (9) 5.58 | (10) 4.28 |
| | Total | 79.7 | 89.1 | 82.4 | 84.4 | 92.2 | 86.1 | 90.5 | 98.6 | 92.6 |

*Causing admission to non-obstetric beds—principally abortions.
Figures in brackets refer to the rank order.

## Table 2

This table serves two purposes. It gives discharge rates for certain selected conditions of interest for each sex. It also shows trends with time over the last five years.

When the discharge rates for all selected conditions together are considered (the bottom line of the table) each sex separately and both sexes together have consistently shown an increase.

In males, upward trends in the discharge rates are seen for carcinoma of the bronchus; asthma; bronchitis; peptic ulcer and fractured neck of femur.

In females discharge rates for carcinoma of the cervix increased substantially over the 5 years, particularly over the last 2 years; there is a slight increase in admissions for drug addiction (though the numbers are small) for 'disorders of character' and for 'other injuries'. 1967 has shown a marked increase in admissions for cancer of the breast.

In both sexes admissions for infective hepatitis have shown an increase, particularly since 1965. It is noteworthy that there are more males than females with this disease and that the incidence is mainly in young adults. It is interesting that coronary heart disease, which showed a steady increase in the years 1962-6 should show a fairly marked drop in admissions in 1967 in both sexes. In 1967 vascular lesions of the C.N.S. reversed the downward trend shown in previous years. Peptic ulcer continues to show a slight rise when both sexes are considered together.

## Table 2

Discharge rates for selected conditions by year 1963—1967 for residents of Oxford C.B.C. by sex.

| Diagnostic Groups | I.S.C. Codes | Males | | | | | Females | | | | | Persons | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 1963 | 1964 | 1965 | 1966 | 1967 | 1963 | 1964 | 1965 | 1966 | 1967 | 1963 | 1964 | 1965 | 1966 | 1967 |
| Respiratory Tuberculosis | 001–008 | 1.04 | 1.30 | 0.74 | 0.63 | 0.89 | 0.43 | 0.50 | 0.31 | 0.42 | 0.43 | 0.74 | 0.90 | 0.53 | 0.53 | 0.66 |
| Tuberculosis other forms | 010–019 | 0.35 | 0.26 | 0.16 | 0.11 | 0.47 | 0.45 | 0.18 | 0.24 | 0.39 | 0.15 | 0.40 | 0.22 | 0.20 | 0.25 | 0.31 |
| Infective Hepatitis | 092 | 0.06 | 0.16 | 0.13 | 0.20 | 0.22 | — | 0.02 | 0.04 | 0.07 | 0.13 | 0.03 | 0.09 | 0.08 | 0.14 | 0.17 |
| Cancer, Bronchus | 162 | 1.11 | 1.11 | 1.18 | 1.83 | 1.86 | 0.32 | 0.31 | 0.29 | 0.20 | 0.41 | 0.72 | 0.72 | 0.74 | 1.02 | 1.14 |
| Cancer, Breast | 170 | 0.02 | — | 0.04 | 0.02 | 0.02 | 1.33 | 1.40 | 1.20 | 1.38 | 2.09 | 0.67 | 0.70 | 0.61 | 0.69 | 1.04 |
| Cancer, Cervix | 171 | — | — | — | — | — | 0.56 | 0.63 | 0.68 | 0.90 | 1.44 | — | — | — | — | — |
| Asthma | 241 | 0.58 | 0.37 | 0.40 | 0.54 | 0.81 | 0.71 | 0.54 | 0.40 | 0.63 | 0.52 | 0.64 | 0.45 | 0.40 | 0.58 | 0.67 |
| Depression, all forms | 301, 302, 314, 790.2 | 2.04 | 1.85 | 1.77 | 2.13 | 1.85 | 2.70 | 2.79 | 2.78 | 2.73 | 2.99 | 2.37 | 2.31 | 2.27 | 2.43 | 2.41 |
| Schizophrenia, Paranoia | 300, 303 | 1.04 | 1.17 | 1.24 | 1.17 | 1.48 | 0.96 | 0.87 | 1.16 | 1.50 | 1.09 | 1.00 | 1.02 | 1.20 | 1.33 | 1.29 |
| Senile, Presenile, and other Psychoses | 304–306, 308, 309 | 0.41 | 0.38 | 0.36 | 0.31 | 0.36 | 0.54 | 0.41 | 0.61 | 0.61 | 0.67 | 0.48 | 0.39 | 0.48 | 0.46 | 0.51 |
| Psychoneuroses other than Depression | 310–318, Ex 314 | 0.67 | 0.55 | 0.49 | 0.40 | 0.71 | 0.43 | 0.57 | 0.50 | 0.41 | 0.76 | 0.55 | 0.56 | 0.49 | 0.40 | 0.73 |
| Alcoholism and Alcoholic Psychoses | 307, 322 | 0.52 | 0.38 | 0.62 | 0.56 | 0.85 | 0.11 | 0.17 | 0.17 | 0.13 | 0.20 | 0.31 | 0.28 | 0.39 | 0.35 | 0.53 |
| Drug Addiction other than Alcohol | 323 | 0.02 | 0.05 | 0.09 | 0.09 | 0.05 | 0.02 | 0.02 | 0.06 | 0.06 | 0.17 | 0.02 | 0.04 | 0.07 | 0.07 | 0.11 |
| Other disorders of Character | 320, 321, 324, 325, 326 | 0.61 | 1.04 | 1.31 | 1.43 | 1.09 | 0.56 | 0.65 | 0.72 | 0.90 | 1.16 | 0.59 | 0.84 | 1.02 | 1.17 | 1.12 |
| Vascular Lesions C.N.S. | 330–334 | 1.00 | 1.24 | 1.09 | 1.23 | 1.41 | 1.84 | 1.49 | 1.53 | 1.37 | 1.68 | 1.42 | 1.37 | 1.31 | 1.30 | 1.55 |
| Chronic Rhuematic Heart Disease | 410–416 | 0.28 | 0.31 | 0.15 | 0.23 | 0.18 | 0.28 | 0.39 | 0.48 | 0.42 | 0.35 | 0.28 | 0.35 | 0.31 | 0.33 | 0.27 |
| Coronary Disease | 420.1 | 1.93 | 1.90 | 2.09 | 2.30 | 2.23 | 0.97 | 1.07 | 1.60 | 2.03 | 1.40 | 1.46 | 1.49 | 1.85 | 2.16 | 1.82 |
| Other Arteriosclerotic and Degenerative Heart Diseases | 420–422. Ex 420.1 | 0.17 | 0.31 | 0.58 | 0.42 | 0.33 | 0.38 | 0.13 | 0.24 | 0.33 | 0.18 | 0.27 | 0.22 | 0.41 | 0.37 | 0.26 |
| Bronchitis | 500–502 | 2.01 | 1.94 | 2.37 | 2.46 | 2.61 | 1.05 | 0.87 | 1.07 | 1.02 | 0.83 | 1.53 | 1.41 | 1.72 | 1.74 | 1.73 |
| Abortion | 650–652 | — | — | — | — | — | 2.16 | 2.14 | 2.74 | 3.30 | 2.55 | — | — | — | — | — |
| Phlebitis and Thrombo-phlebitis | 463–464 | 0.02 | — | 0.02 | 0.02 | — | 0.04 | — | 0.02 | 0.02 | 0.04 | 0.03 | — | 0.02 | 0.02 | 0.02 |
| Pulmonary Embolism | 465* | 0.72 | 0.78 | 0.42 | 0.70 | 0.90 | 0.90 | 0.70 | 0.72 | 0.96 | 0.91 | 0.81 | 0.74 | 0.57 | 0.81 | 0.91 |
| Peptic Ulcer | 540–542 | 1.21 | 1.15 | 1.33 | 1.37 | 1.77 | 0.39 | 0.35 | 0.44 | 0.48 | 0.39 | 0.80 | 0.75 | 0.89 | 0.93 | 1.09 |
| Fractured Skull, Spine, or Trunk | 800–809 | 1.04 | 1.10 | 1.36 | 1.07 | 1.56 | 0.67 | 0.48 | 0.68 | 0.50 | 0.59 | 0.86 | 0.79 | 1.02 | 0.79 | 1.08 |
| Fractured Upper Limb | 810–819 | 0.56 | 0.66 | 0.58 | 0.69 | 0.72 | 0.41 | 0.41 | 0.42 | 0.33 | 0.44 | 0.49 | 0.53 | 0.50 | 0.51 | 0.59 |
| Fractured Neck of Femur | 820 | 0.22 | 0.24 | 0.29 | 0.29 | 0.34 | 1.03 | 0.78 | 0.99 | 1.38 | 1.20 | 0.62 | 0.50 | 0.64 | 0.83 | 0.77 |
| Other Fractured Lower Limb | 821–829 | 0.98 | 1.24 | 1.35 | 1.39 | 1.05 | 0.83 | 0.79 | 0.97 | 1.13 | 0.98 | 0.90 | 1.02 | 1.16 | 1.26 | 1.02 |
| Head Injuries | 850–856 | 6.15 | 5.04 | 6.02 | 4.92 | 5.50 | 2.48 | 2.53 | 2.71 | 2.51 | 2.70 | 4.32 | 3.79 | 4.37 | 3.73 | 4.12 |
| Other Injuries | 830–849, 860–936, 950–959 | 1.24 | 1.72 | 2.09 | 1.70 | 2.64 | 0.83 | 0.92 | 0.96 | 1.14 | 1.46 | 1.04 | 1.32 | 1.53 | 1.42 | 2.06 |
| Burns | 940–949 | 0.33 | 0.40 | 0.45 | 0.52 | 0.42 | 0.36 | 0.35 | 0.24 | 0.17 | 0.28 | 0.35 | 0.38 | 0.35 | 0.35 | 0.35 |
| | Total | 26.33 | 26.65 | 28.72 | 28.73 | 32.32 | 23.74 | 22.46 | 24.97 | 27.42 | 28.19 | 23.70 | 23.18 | 25.13 | 25.97 | 28.33 |

*Whether recorded as principal or secondary diagnosis.

## Table 3

This table shows some trends in obstetric care in the Oxford County Borough in 1965-1967.

In mid-1966 a general practitioner maternity unit was opened adjacent to the Churchill hospital. This has had the effect of decreasing domiciliary confinements markedly and has also decreased to a lesser extent, the number of confinements taking place in the consultant units.

Table 3b shows that women having their first baby are booked in the G.P. unit at the expense of both home deliveries and deliveries in the consultant unit. The number of high risk mothers (as defined in the footnote) delivered in the consultant unit remains fairly static but a larger number are now delivered in the G.P. unit rather than at home. However, more than one-sixth of the high risk mothers are still being delivered at home.

## Table 3

**Mothers resident in Oxford C.B.C.**

(a) **All Births by Year 1965-1967, by Place of Booking**

| *Place of Booking* | 1965 | 1966 | 1967 |
|---|---|---|---|
| Consultant Units | 1,202 | 1,077 | 989 |
| Consultant Unit, previously booked elsewhere | 42 | 56 | 19 |
| G.P. Unit | 16 | 62 | 292 |
| Home | 531 | 490 | 326 |
| No known booking | 21 | 17 | 5 |
| Total | 1,812 | 1,702 | 1,631 |

(b) **Parity "O" 1965-1967**

| *Place of Booking* | 1965 | 1966 | 1967 |
|---|---|---|---|
| Consultant Units | 510 | 456 | 390 |
| Consultant Unit, previously booked elsewhere | 14 | 28 | 9 |
| G.P. Unit | 11 | 40 | 181 |
| Home | 107 | 101 | 52 |
| No known booking | 8 | 10 | 2 |
| Total | 650 | 635 | 634 |

1965 Single Births only.
1966 and 1967 Single and Multiple Births

(c) **High Risk**

| *Place of Booking* | 1965 | 1966 | 1967 |
|---|---|---|---|
| Consultant Units .. .. .. .. .. .. | 491 | 456 | 461 |
| Consultant Unit, previously booked elsewhere .. | 10 | 15 | 1 |
| G.P. Unit .. .. .. .. .. .. .. | 3 | 6 | 43 |
| Home .. .. .. .. .. .. .. | 131 | 132 | 90 |
| No known booking .. .. .. .. .. | 8 | 5 | 4 |
| Total .. .. .. .. .. | 643 | 614 | 599 |

1965 and 1966 Single births only.
1967 Single and Multiple Births.
High Risk:
(1) Mothers aged 35+ regardless of parity
(2) Mothers Aged 30-34, parity 0
(3) Parity 4+ (other than 1)
(4) Past Obstetric History of Stillbirth
(5) Past Obstetric History of Miscarriage
(6) Past Obstetric History of Caesarean Section
(7) Past Obstetric History of Toxaemia

## Table 4

This table shows the proportionate distribution of accidents by the circumstances of injury for the years 1965-1967. The largest single group of accidents consists of road accidents followed by accidents in the home. Over the three years the proportion of road accidents has fallen but the proportion of accidents in the home and at work and school has risen. The total number of accidents fell in 1966 but rose to about the 1965 number in 1967.

## Table 4

**ACCIDENT CASES 1965-1967**
**CIRCUMSTANCES OF INJURY**

| Circumstances of Injury | 1965 | | 1966 | | 1967 | |
|---|---|---|---|---|---|---|
| | Number | % of Total | Number | % of Total | Number | % of Total |
| Road—Motor Vehicle | 106 | 12.3 | 65 | 8.7 | 80 | 9.2 |
| Road—Motor Cycle .. | 72 | 8.4 | 81 | 10.9 | 76 | 8.7 |
| Road—Bicycle .. | 87 | 10.1 | 45 | 6.0 | 71 | 8.2 |
| Road—Pedestrian .. | 86 | 10.0 | 78 | 10.5 | 70 | 8.1 |
| Road Accident—not Traffic | 2 | 0.2 | 8 | 1.1 | 5 | 0.6 |
| All Road Accidents .. | 353 | 41.0 | 277 | 37.2 | 302 | 34.8 |
| Work/School .. .. | 35 | 4.1 | 51 | 6.9 | 79 | 9.1 |
| Home .. .. .. | 163 | 19.0 | 187 | 25.2 | 228 | 26.2 |
| Sport/Playground .. | 36 | 4.2 | 48 | 6.5 | 78 | 9.0 |
| *Deliberate Violence .. | — | — | — | — | 21 | 2.4 |
| †Other .. .. .. | 254 | 29.5 | 161 | 21.7 | 134 | 15.4 |
| Not known .. .. | 19 | 2.2 | 19 | 2.5 | 27 | 3.1 |
| Total .. .. | 860 | 100.0 | 743 | 100.0 | 869 | 100.0 |

* Coded
1967 only
† Includes Concussion, Foreign Body
Excludes Poisoning

# SECTION III

## GENERAL HEALTH SERVICES

### (a) FLUORIDATION

It was decided to consider Circular 24/68 in conjunction with the departmental estimates for 1969/70. In the event, the economic situation precluded any action.

### (b) HEALTH CENTRES

A. **In Operation** (Blackbird Leys, East Oxford, Summertown)

A very full description of these three health centres was given last year in connection with the official opening of two of them by the Minister of Health. The present year has been one of consolidation.

A good deal of time and effort had to be given to the newly-devised and complicated system for calculating charges. These are arranged under the headings of rent, rates, services and staff, and require consultation between general practitioners, the district valuer, Executive Council and City Council. The charge for services at Blackbird Leys, based on actual experience over the last eight years, has been fixed for five years ahead as from the 1st January, 1969. The initial charges for East Oxford and Summertown were necessarily based on estimates, and as the actual charges for the first year were considered not to be characteristic of a normal year's working, it was agreed to continue the estimated charges for at least a further year.

All three centres have functioned satisfactorily and appear to have met with the approval of patients and staff. Appointments systems are now running smoothly. There has been a welcome but embarrassing number of visitors from other areas in this country and from abroad.

The treatment room at East Oxford, which was equipped at the request of the doctors to enable minor operations to be undertaken, has proved to be most useful. The minor surgery carried out by the general practitioners at this centre must have saved the hospital service an appreciable amount of work. The following details give an indication of the amount of work undertaken by the surgery nurses at this centre:—

**1. By Speciality**

| | |
|---|---|
| Medical | 2,592 |
| Surgical | 2,149 |
| E.N.T. | 555 |
| Orthopaedic | 208 |
| Ophthalmic | 45 |
| Dermatological | 46 |
| Total | 5,595 |

**2. By Age of Patient**

| | |
|---|---|
| Under 5 years .. .. .. | 322 |
| 5—14 .. .. .. .. .. | 565 |
| 15—64 .. .. .. .. | 4,169 |
| Over 65 years.. .. .. .. | 539 |
| Total .. | 5,595 |

**3. By Practices**

| | *New Patients* | *Total Treatments* |
|---|---|---|
| Practice 1 .. .. | 978 | 2,677 |
| Practice 2 .. .. | 1,287 | 2,761 |
| Other Practices .. | 34 | 157 |
| Total .. | 2,299 | 5,595 |

B. **In Course of Construction** (West Oxford)

This small health centre is now in process of construction. It consists mainly of a purpose-built extension to the existing community association building (formerly a school) which for some time has been used both as a branch surgery and as a clinic.

C. **Plan Completed** (Jericho)

This scheme should go out to tender in the spring, and building should commence in the autumn of 1969. The health centre will provide main surgery accommodation for three local practices, together with accommodation for attached local authority nursing staff.

D. **Future Programme** (Iffley Road, East Oxford extension, Headington, Cowley)

A health centre to serve the Iffley Road area has been requested. Two practices already serving this district are willing to participate and a third is interested. The existing Donnington Clinic is well-sited and a preliminary survey has shown that it should be possible to convert this building. The scheme is programmed for 1970/71.

In order to conform with the overall capital programme for the City, it has been necessary to postpone the East Oxford extension until 1971/72. One partnership already practising in the area has requested main surgery accommodation in the extension.

The United Oxford Hospitals have offered a suitable site for a health centre in the grounds of the new hospital at Headington. Of the four practices interested, three are prepared to accept this site, but the fourth,

which is the main practice involved, would have much preferred a site opening from Osler Road rather than from Sandfield Road. This scheme which is still under discussion is programmed for 1972/73.

The Cowley scheme, for which a good corner site is available at the junction of Oxford Road and Temple Road, is now placed in the 1973/74 programme. Of the three local partnerships interested, only one is definitely prepared to commit itself to health centre practice at the present time.

E. **Clinic Premises used as General Practitioner Surgeries** (Northway, Minchery Farm, South Oxford, Bury Knowle, Slade Park)

There has been no change at Northway (two practices and four sessions), Minchery Farm (two practices and three sessions), and South Oxford (one practice and two sessions). There has, however, been an addition to the list by the use of the Bury Knowle Clinic premises as a branch surgery by one practice for six sessions a week as from the beginning of September.

The new Slade Park Clinic premises are now under construction and one practice has indicated that they will probably wish to use these premises as a branch surgery.

## (c) AMBULANCE SERVICE

Report by Mr. C. R. Lawrence, Chief Ambulance Officer

### Administration

The Oxford City and County Joint Ambulance Service have completed the third year of operation smoothly and efficiently. For the first time since 1948 the number of patients transported and miles travelled show a slight reduction on the previous year. The reason is not positive, it could be that the peak was reached in 1967 or, more likely, the closure of the Convalescent Home at Freeland highlighted the demands made on the ambulance service previously from this source.

### Stations

In the Annual Report last year reference was made to the experimental closure of the Kidlington Ambulance Station, the original six months period being extended to allow the position to be assessed during winter weather conditions. During this period detailed records were kept and examined by the Committee and a unanimous decision to close this Station was made. There has been no deterioration in the service provided to the area previously served by the Kidlington Ambulance.

GENERAL PRACTITIONER BRANCH SURGERY. BURY KNOWLE CLINIC PREMISES

**Vehicles**

In accordance with their policy of replacing vehicles at the end of their economic life, Committee authorised the replacement of six large ambulances, two sitting case vehicles each capable of carrying seven patients, one estate car converted to accommodate one stretcher case or three sitting patients and one mechanics van. Redundant vehicles are independently valued and then offered to schools or other sections of the two authorities, and is proving a useful source of disposal.

In accordance with the Working Party's Report on Ambulance Service vehicles and equipment, the colour has been changed on all new vehicles to white with a "traffic blue" reflective waist band on which the title of the service is signwritten.

**Staff**

During the year the Station Officer and one Leading Driver at Banbury retired having reached the age of 65 years. The two vacancies at Henley were filled and at the end of the year our authorised establishment was complete.

Committee have made a modest provision in their estimates for 1969/70 to enable a start to be made in training of new entrants and those with under two years service in the first instance. The Experimental Schools in existence will be used and a programme is being prepared to enable the start to be made early in the new financial year.

**LOCATION OF STATIONS AND ESTABLISHMENT**

| Location | Vehicles | | Staff | |
|---|---|---|---|---|
| | Ambulance | Sitting Case Vehicle | Driver/ Attendant | Leading Driver Sub. Officer |
| Oxford City .. | 11 | 13 | 47 | 6 |
| Banbury .. | 4 | 5 | 16 | 4 |
| Bicester .. | 1 | 1 | 4 | 1 |
| Chipping Norton | 1 | 1 | 4 | 1 |
| Crowmarsh .. | 1 | — | 2 | — |
| Henley .. .. | 2 | 3 | 7 | 1 |
| Thame .. .. | 1 | 1 | 4 | 1 |
| Witney .. .. | 2 | 1 | 7 | 1 |
| Spare Vehicles .. | 4 | 1 | — | — |
| Total .. | 27 | 26 | 91 | 15 |

There were no changes in Headquarters Staff during the year.

**Patients carried and mileage travelled**

The number of patients transported during the year show a reduction of 948 over the 1967 total and mileage decreased by 24,515 miles.

Statistics show the Ambulance Service carried an extra 5,859 patients in 3,784 additional miles, the Hospital Car Service carrying 656 less patients doing 11,539 less miles and the Contract Hire vehicles 6,151 less patients and 16,670 fewer miles than in 1967.

In examination of these statistics it is obvious that the closure of Freeland Convalescent Home has been the major reason for the reduction in the Contract Hire figures.

Table 1 shows the work carried out during the year whilst Table 2 shows a comparison of work over the past six years.

TABLE 1

| Quarter 1968 | Ambulance | | Sitting Case | | Ambulance Service Vehicles Sub-total | | Hospital Car Service Vehicles | | Contract Car Vehicles | | H.C.S. & Contract Hire Vehicles Sub-total | | Gross Totals | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Patients | Miles | Patients | Miles | Patients | Miles | Patients | Miles | Patients | Miles | Patients | Miles | Patients | Miles |
| March | 15,565 | 110,967 | 26,106 | 102,642 | 41,671 | 213,609 | 16,316 | 191,139 | 20.965 | 140,087 | 37,281 | 331,226 | 78,952 | 544,835 |
| June | 16,823 | 113,990 | 26,299 | 100,544 | 43,122 | 214,534 | 15,746 | 190,645 | 18,962 | 129,168 | 34,708 | 319,813 | 77,830 | 534,347 |
| Sept. | 16,359 | 115,421 | 27,462 | 105,562 | 43,821 | 220,983 | 14,289 | 176,817 | 15,714 | 119,536 | 30,003 | 296,353 | 73,824 | 517,336 |
| Dec. | 17,337 | 120,605 | 26,372 | 104,230 | 43,709 | 224,835 | 15,890 | 185,028 | 19,501 | 135,713 | 35,391 | 320,741 | 79,100 | 54,576 |
| TOTAL | 66,084 | 460,983 | 106,239 | 412,978 | 172,323 | 873,961 | 62,241 | 743,629 | 75,142 | 524,504 | 137,383 | 1,268,133 | 309,706 | 2,142,094 |



TABLE 2

| Year | Ambulance Service | | H.C.S. & Contract Car | | Gross Total | |
|---|---|---|---|---|---|---|
| | Patients | Miles | Patients | Miles | Patients | Miles |
| 1963 .. .. | 112,883 | 683,501 | 76,408 | 721,649 | 189,291 | 1,405,150 |
| 1964 .. .. | 119,811 | 728,339 | 90,061 | 874,342 | 209,872 | 1,602,681 |
| 1965 .. .. | 135,381 | 746,729 | 103,989 | 970,832 | 239,370 | 1,717,561 |
| 1966 .. .. | 157,702 | 799,727 | 128,525 | 1,146,689 | 286,227 | 1,946,416 |
| 1967 .. .. | 166,464 | 870,177 | 144,190 | 1,296,432 | 310,654 | 2,166,609 |
| 1968 .. .. | 172,323 | 873,961 | 137,383 | 1,268,133 | 309,706 | 2,142,094 |

## (d) DOMICILIARY NURSING SERVICES

(Dr. Gray)

### (i) HEALTH VISITING

**1. Staff**

Full establishment of health visitors has been maintained throughout the year. The very few staff changes have promoted essential stability and continuity to the service. The post-entry training scheme for student health visitors is of value in maintaining full establishment, since the students, at the termination of their contract, frequently wish to remain as a health visitor in the department, and are appointed to the permanent staff if vacancies are available.

The Superintendent Nursing Officer has continued to serve on the Nursing Education Sub-Committee of the United Oxford Hospitals. This provides an opportunity for the hospital and local authority nursing staff to gain a wider knowledge of professional developments.

The attachment scheme of health visitors to general practitioners continues to arouse widespread interest and there have been many visitors of many disciplines to the department during the year, to observe the scheme in operation.

**2. Home visits by health visitors during the year**

The following table shows the visits made during the year:—

| | | |
|---|---|---|
| To expectant mothers | 1,225 | 3% |
| To children born in 1968 | 7,459 | 65% |
| To children born in 1967 | 6,296 | |
| To children born in 1963—1966 | 13,414 | |
| To persons aged 65 years or over | 7,279 | 17% |
| To mentally disordered persons | 1,155 | 3% |
| To persons discharged from hospital (other than mental hospitals or maternity homes) | 244 | 12% |
| To tuberculous households | 110 | |
| To households visited on account of other infectious diseases | 621 | |
| Other cases | 3,882 | |
| | 41,685 | |

**Comments on these figures**

(i) All the visits were "effective" visits.

(ii) Visits to expectant mothers are mainly to hospital booked mothers. The number of deliveries in hospital to City mothers was 1,048, so that 1,225 visits during the year indicates a reasonable coverage.

(iii) The total number of visits to children under 5 years of age remained virtually the same, 27,169 compared with 27,193 last year.

(iv) Persons aged 65 years and over (1,565) were visited by health visitors on 7,279 occasions. This represents a substantial increase over previous years, and is largely due to the attachment of health visitors to family doctors.

The work necessitates the closest co-operation with the relevant sections of the health department and the hospital staff as well as the family doctor. It is pleasing to be able to report the excellent relations that exist between the interested parties.

(v) An appreciable number of visits were undertaken to mentally disordered persons. This should be regarded as an indication of the important role of the family doctor team in the care of such patients.

(vi) It will be seen from the table that other miscellaneous duties include the follow-up of persons discharged from hospital and the investigation of certain infectious diseases.

(vii) "Other cases" comprise all visits not included in one of these categories. They include postnatal follow-up and visits to newly arrived long-stay immigrants notified by port health authorities.

(viii) Comments on the work of the two health visitors who are attached part-time to the Chest Clinic will be found in the Infectious Diseases section of this report.

### 3. Health visitors work amongst immigrants

Health visitors have kept a record of all immigrant and alien births occurring in their practices. The following table shows the number of children of each nationality born in the City during the past two years. (This does not take into account early neonatal deaths or babies boarded out direct from hospital by the Children's Department).

| | **1967** | **1968** |
|---|---|---|
| Total births .. .. .. .. | 1,379 | 1,435 |
| West Indian .. .. .. .. | 85 | 57 |
| Indian .. .. .. .. | 10 | 24 |
| Pakistan .. .. .. .. | 63 | 50 |
| African .. .. .. .. | 9 | 14 |
| Other Commonwealth Countries | 7 | 12 |
| Italian .. .. .. .. | 10 | 21 |
| Spanish .. .. .. .. | 6 | 14 |

| | | |
|---|---|---|
| German .. .. .. .. | 3 | 3 |
| U.S.A. .. .. .. .. | 4 | 22 |
| Others .. .. .. .. | 34 | 55 |
| | 231 | 272 |
| | 16.6% of total births | 18.9% of total births |

A total number of 1,942 visits was paid by health visitors to these families in 1968.

Immigrant births tend to be concentrated in a few areas of the City. For example one health visitor visited 39 immigrant births out of a total of 72 (42 out of 60 in 1967) and another health visitor visited 35, including 22 Pakistani and 9 Indian babies out of 75 births (41 out of 87 last year). In other parts of the City, notified alien births increased (22 of United States parentage as compared with 4 in 1967) and yet in others there were no recorded alien or immigrant births.

### 4. Liaison with hospitals

Frequent contact between hospitals and health visitors is maintained. Different health visitors regularly attend the paediatric and asthma clinics, two rounds of the maternity wards each week and a monthly session at Littlemore Hospital. One health visitor also undertakes liaison work with the venereal diseases clinic.

### 5. Work at child health clinics

One or more health visitors were present at all the 1,584 child health clinic sessions, including the 725 sessions restricted to practice patients.

### 6. Teaching and Health Education

Health visitors take part in the professional teaching which is undertaken by the Health Department. Practical instruction is given to medical students, student health visitors, pupil midwives, student district nurses, student child care officers, nursery nurses and nurses in training at the United Oxford Hospitals.

Some health visitors particularly interested in the subject of Health Education organise courses in Secondary Schools at the request of head teachers, these concern particularly parentcraft and personal relationships.

As an example, one health visitor talks to groups of approximately twenty children aged 13—15 years, of girls alone (three classes) and of boys and girls (one class) for a course of ten sessions. Subjects cover child care, nutrition, personal hygiene and personal relationships including family planning and venereal disease. These sessions are more in the nature of group discussions than lectures, visual aids being frequently used. Parent consent is first sought before any child attends.

## 7. Refresher Courses

An effort is made to send members of the staff on refresher courses every five years. This year the Deputy Superintendent Health Visitor was given leave and attended such a course at Edinburgh, and one health visitor attended a mental health course held at the Tavistock clinic, London. In addition three health visitors participated in conferences organised by the Royal College of Nursing and the British Tuberculosis Association respectively. Another health visitor took part in a seminar for nurses and teachers interested in Health Education organised by the City Education Department.

## 8. Health Visitor Training

Five students were sponsored by the City for the course commencing in September at the College of Technology. The seven students of the previous year were all successful in gaining their Health Visitors' Certificate in June.

# (ii) DISTRICT NURSING

## 1. Staff

The service once again has been well staffed throughout the year, despite the loss of student nurses from other authorities for district work. On December 31st the position was as follows:—

*Administrative*

| | | |
|---|---|---|
| Superintendent Nursing Officer .. .. | 1 | (jointly with health visitors) |
| Deputy Superintendent .. .. .. | 1 | |
| Senior District Nurses .. .. .. .. | 3 | |

*District Nurses full-time*

| | | |
|---|---|---|
| State registered with district training .. | 8 | |
| State registered without district training .. | 3 | |
| State enrolled with district training .. .. | 3 | |
| State enrolled without district training .. | 1 | |

*District Nurses part-time*

| | | |
|---|---|---|
| State registered with district training .. | 4 | equivalent to |
| State registered without district training .. | 6 | $4\frac{3}{4}$ full-time |
| State enrolled without district training .. | 1 | nurses |
| Bath orderly part-time .. .. .. | 1 | |

## 2. Equipment

In 1967 financial agreement was given to the organisation of a centrally sterilised supply of instruments and dressings.

Full use of sterilised packs for district nurses and midwives came into force on October 1st, 1968, an operation only made possible by the co-operation and help of the United Oxford Hospitals.

Four standard packs for district nurses and two for midwives are packed daily at the East Oxford Health Centre, boxed, and taken twice weekly to the Churchill Hospital for sterilisation. Stock is kept at the East Oxford Health Centre and smaller stocks at the two other Health Centres. Nurses are, therefore, able to renew their requirements daily, at the same time returning the non-disposable equipment for re-packing, re-sterilisation and re-use. Such a scheme, which required considerable pre-planning and costing, is estimated to have saved twenty minutes on any case needing a dressing. It is efficient and hygienic as well as time-saving, and has helped to make available nursing time for an increasing work-load.

## 3. Cases nursed during the year

The following table shows the source of new patients during the year and includes figures for the three previous years for comparison:—

| | 1965 | 1966 | 1967 | 1968 |
|---|---|---|---|---|
| General practitioners .. .. | 2,089 | 2,273 | 1,996 | 1,924 |
| Hospitals .. .. .. .. | 69 | 104 | 129 | 151 |
| Direct application .. .. | 26 | 20 | 24 | 27 |
| Other sources .. .. .. | 11 | 6 | 18 | 19 |
| | 2,195 | 2,403 | 2,167 | 2,121 |

The number of cases nursed and visits paid in different categories and ages is shown in the following table:—

## Classification of patients nursed during the year

| | Number of cases attended | | | | Number of visits | | | |
|---|---|---|---|---|---|---|---|---|
| | Under 5 years | 5—64 years | Over 65 years | Total cases | Under 5 years | 5—64 years | Over 65 years | Total visits |
| Medical .. .. .. .. | 109 | 669 | 1,171 | 1,949 | 389 | 8,973 | 36,246 | 45,608 |
| Surgical .. .. .. .. | 26 | 390 | 255 | 671 | 126 | 3,972 | 8,025 | 12,123 |
| Infectious diseases .. .. | 1 | 4 | — | 5 | 10 | 4 | — | 14 |
| Tuberculosis .. .. .. | 2 | 24 | 4 | 30 | 60 | 863 | 106 | 1,029 |
| Maternal complications .. | — | 14 | — | 14 | — | 167 | — | 167 |
| | 138 | 1,101 | 1,430 | 2,669 | 585 | 13,979 | 44,377 | 58,941 |

Patients (included in the above table) who received more than 24 visits during the year:—

| *Patients* | *Visits* |
|---|---|
| 571 | 41,643 |

Also included in the above table were 288 visits paid in the late evening, 283 of which were for giving sedatives and 5 for other purposes.

**Comments on these figures**

There was only a slight increase in the number of patients nursed during the year—2,669 compared with 2,641 in 1967, but there was again a substantial rise in the total number of visits paid—58,941 compared with 57,235. Referrals from hospitals are still increasing, but the number of cases referred by general practitioners has again decreased. This is partially due to the fact that more patients are being treated at the Health Centres and surgeries by the general practitioners and surgery nurses.

Children under 5 years of age continued to provide very little work. Only 585 visits were paid to the 138 patients in this category compared with 736 visits to 184 patients in 1967.

Visits to patients over 65 years of age accounted for 44,377 out of a total of 58,941—i.e. 75%, an increase from 66% in 1967.

There was a further decrease in the number of visits paid to tuberculous patients, 1,029 compared with 1,613 last year.

The number of patients requiring more than 24 visits during the year rose from 515 last year to 571. The total number of visits required by these patients increased from 38,266 to 41,643, a reflection on the present trend in increased effort to keep the aged and chronic sick in the community.

**Types of treatment given**

The following table shows the treatments given during the past four years:—

| | 1965 | 1966 | 1967 | 1968 |
|---|---|---|---|---|
| Injections— | | | | |
| (1) Insulin | 2,927 | 3,905 | 4,729 | 4,958 |
| (2) Streptomycin | 2,372 | 2,674 | 2,280 | 1,526 |
| (3) Penicillin and other antibiotics | 4,932 | 5,544 | 3,793 | 2,840 |
| (4) Any other injections | 10,403 | 10,359 | 9,316 | 9,468 |
| Baths | 5,742 | 6,415 | 6,899 | 7,225 |
| Dressings | 9,791 | 11,121 | 12,931 | 12,130 |
| Enemas and bowel washouts | 746 | 1,256 | 1,508 | 1,698 |
| Genito-urinary treatments | 732 | 889 | 1,017 | 923 |
| General nursing care | 13,128 | 17,721 | 17,071 | 18,723 |
| Any other treatments | 708 | 1,093 | 1,787 | 2,088 |
| | 51,481 | 60,977 | 61,331 | 61,579 |

There was an increase in the total number of treatments given compared with the three previous years. The administration of injections accounted for 30% of these compared with 33% last year. There has again been an increase in the number of insulin injections given by nurses in spite of the fact that self-administration by patients is encouraged. Antibiotic injections have substantially decreased.

More baths were undertaken by the nursing service and there was an increase in the number of enemas and bowel washouts and in the visits recorded for general nursing care. On the other hand, there was a fall in the number of dressings applied and genito-urinary treatments.

To alleviate the general care work-load of the trained district nurse, an establishment of two bathing orderlies was transferred from the Welfare to the Nursing Division of the Health Department in mid-November on an experimental basis. These orderlies, consisting of four half-time workers, and now called "nursing aides", are each attached to a group of domiciliary nursing teams and carry out general care, bathing, washing, dressing, etc. of patients under the supervision of the team's senior nurse. The scheme has proved valuable in many ways since its inception, and it is hoped that it will be made permanent and extended in 1969.

An analysis was made of "other injections" and includes figures for the two previous years for comparison:—

| | 1966 | 1967 | 1968 |
|---|---|---|---|
| Iron | 1,472 | 1,140 | 1,488 |
| Vitamin | 3,016 | 3,004 | 3,506 |
| Diuretic | 3,817 | 3,038 | 2,331 |
| Sedatives | 377 | 388 | 548 |
| De-sensitising | 166 | 184 | 104 |
| Gland extract and hormonal | 1,324 | 1,441 | 1,337 |
| Prophylactic inoculations | 187 | 121 | 154 |
| | 10,359 | 9,316 | 9,468 |

Arrangements whereby nurses can treat ambulant patients at the surgeries have continued. It was extended towards the end of the year so that two more nurses undertook daily sessions at surgeries. Nurses, therefore, attend at five surgeries and two Health Centres to provide a nursing service. Analysis of the work undertaken at these sessions is shown in the following table:—

## Classification of patients

| | Number of cases | | | | Number of visits | | | |
|---|---|---|---|---|---|---|---|---|
| | Under 5 years | 5-64 years | Over 65 years | Total cases | Under 5 years | 5-64 years | Over 65 years | Total visits |
| *Blackbird Leys Health Centre* *Commenced* 1960 *Daily* 4 *p.m.* | | | | | | | | |
| Medical .. .. .. | 38 | 119 | 4 | 161 | 105 | 298 | 5 | 408 |
| Surgical .. .. .. | 63 | 293 | 8 | 364 | 109 | 624 | 93 | 826 |
| Tuberculosis .. .. | — | 1 | — | 1 | — | 42 | — | 42 |
| Maternal complications .. | — | 3 | — | 3 | — | 10 | — | 10 |
| | 101 | 416 | 12 | 539 | 214 | 974 | 98 | 1,286 |
| *Summertown Health Centre* *Commenced September* 1967 *Daily* 11 *a.m. and* 4.30 *p.m.* | | | | | | | | |
| Medical .. .. .. | 2 | 49 | 11 | 62 | 7 | 212 | 60 | 279 |
| Surgical .. .. .. | 4 | 83 | 7 | 94 | 7 | 285 | 100 | 392 |
| Tuberculosis .. .. | — | 2 | — | 2 | — | 33 | — | 33 |
| Maternal complications .. | — | 1 | — | 1 | — | 23 | — | 23 |
| | 6 | 135 | 18 | 159 | 14 | 553 | 160 | 727 |
| *Manor Road Surgery* *Commenced November* 1964 *Daily* 4.30 *p.m.* | | | | | | | | |
| Medical .. .. .. | 3 | 317 | 9 | 329 | 3 | 493 | 113 | 609 |
| Surgical .. .. .. | 2 | 143 | 3 | 148 | 2 | 457 | 18 | 477 |
| Tuberculosis .. .. | — | 5 | — | 5 | — | 173 | — | 173 |
| Maternal complications .. | — | — | — | — | — | — | — | — |
| | 5 | 465 | 12 | 482 | 5 | 1,123 | 131 | 1,259 |
| *Surgery*, 12 *Old High Street, Headington* *Commenced February* 1965 *Monday and Wednesday at* 5.45 *p.m.* | | | | | | | | |
| Medical .. .. .. | 6 | 262 | 19 | 287 | 16 | 566 | 101 | 683 |
| Surgical .. .. .. | 7 | 34 | 7 | 48 | 11 | 52 | 29 | 92 |
| | 13 | 296 | 26 | 335 | 27 | 618 | 130 | 775 |
| *Surgery*, 274 *Iffley Road* *Commenced September* 1966 *Tuesday and Thursday at* 5 *p.m.* | | | | | | | | |
| Medical .. .. .. | 6 | 238 | 15 | 259 | 6 | 450 | 44 | 500 |
| Surgical .. .. .. | 5 | 46 | 8 | 59 | 6 | 107 | 10 | 123 |
| | 11 | 284 | 23 | 318 | 12 | 557 | 54 | 623 |

**Classification of patients** (continued)

| | Number of cases | | | | Number of visits | | | |
|---|---|---|---|---|---|---|---|---|
| | Under 5 years | 5-64 years | Over 65 years | Total cases | Under 5 years | 5-64 years | Over 65 years | Total visits |
| *Surgery*, 164 *Oxford Road, Cowley* | | | | | | | | |
| *Commenced October* 1968 | | | | | | | | |
| *Daily* 10.30 *a.m.* | | | | | | | | |
| Medical .. .. .. | 1 | 1 | — | 2 | 4 | 17 | — | 21 |
| Surgical .. .. .. | 6 | 32 | 1 | 39 | 14 | 96 | 2 | 112 |
| Tuberculosis .. .. | — | 1 | — | 1 | — | 2 | — | 2 |
| | 7 | 34 | 1 | 42 | 18 | 115 | 2 | 135 |
| *Surgery*, 58 *Hollow Way, Cowley* | | | | | | | | |
| *Commenced November* 1968 | | | | | | | | |
| *Daily* 10.30 *a.m.* | | | | | | | | |
| Medical .. .. .. | — | 12 | 5 | 17 | — | 16 | 6 | 22 |
| | — | 12 | 5 | 17 | — | 16 | 6 | 22 |

## Types of treatment given

| | Blackbird Leys Health Centre | Summertown Health Centre | Manor Road Surgery | Surgery, 12 Old High Street, Headington | Surgery, 274, Iffley Road | Surgery, 174 Oxford Road, Cowley | Surgery, 58, Hollow Way |
|---|---|---|---|---|---|---|---|
| Injections:— | | | | | | | |
| Streptomycin .. .. .. .. | 58 | 56 | 173 | — | 2 | — | — |
| Penicillin and other antibiotics .. | 216 | 4 | 37 | — | 1 | 24 | — |
| Iron .. .. .. .. .. | 27 | 15 | 37 | 12 | — | 2 | — |
| Vitamin .. .. .. .. | 36 | 28 | 181 | 46 | 47 | 30 | — |
| De-sensitising .. .. .. .. | 4 | 102 | 18 | 35 | 9 | — | — |
| Sedatives .. .. .. .. | — | — | — | — | 5 | — | — |
| Diuretic .. .. .. .. | — | — | 2 | — | — | — | — |
| Gland and hormonal .. .. .. | 13 | 25 | 57 | 12 | 7 | 2 | — |
| Prophylactic inoculations .. .. | 56 | 51 | 265 | 245 | 245 | — | 16 |
| Dressings .. .. .. .. .. | 848 | 430 | 478 | 90 | 115 | 114 | — |
| Enemas and bowel washouts .. .. | — | — | 2 | — | — | — | — |
| Genito-urinary treatment .. .. | — | — | 2 | — | 17 | — | — |
| Ear syringing .. .. .. .. | — | 8 | — | 70 | 75 | — | 6 |
| Cervical cytology .. .. .. .. | — | — | — | 37 | 44 | — | — |
| Antenatal examinations .. .. .. | — | — | — | 17 | — | — | — |
| Haemoglobin estimations .. .. .. | — | — | — | 66 | 1 | — | — |
| Blood pressure estimation, urinalysis and weighing .. .. .. .. | — | — | — | 102 | 1 | — | — |
| Miscellaneous .. .. .. .. | 33 | — | 8 | 40 | 62 | — | — |
| | 1,291 | 719 | 1,260 | 772 | 631 | 172 | 22 |

## 4. Training School

During the year the responsibility for training and examining district nurses with an S.R.N. qualification was removed from the Queen's Institute of District Nurses to the Department of Health and Social Security, though the training and examination of state enrolled nurses remains with the Institute.

Of the three courses of training held during the year, the latter two were held under the new regulations. The examination was taken by 24 students, 23 of whom passed at the first attempt and one at her second attempt.

The students were classified as follows:—

| | |
|---|---|
| Staff students .. .. .. .. .. .. | 6 |
| Students sent by other Local Health Authorities .. | 18 |
| | 24 |

Of the staff sent by nearby authorities, attendance at East Oxford Health Centre for one and a half-days study and demonstration only per week is required. Practical in-service district training is carried out in each nurse's own authority.

## 5. Provision of nursing equipment

The provision of incontinence pads has continued, all the pads were distributed through the district nursing service, also incontinent pants and North pads, equipment designed to help in the care of bed-ridden and incontinent patients.

### Co-operation with the British Red Cross Society

We are once again indebted to the British Red Cross Society for their ready co-operation in supplying nursing equipment to patients.

In the financial year 1968/1969 the City Council paid the Society a grant of £350.

Details of the equipment loaned in the City during 1968 are as follows:—

| | | | |
|---|---|---|---|
| Air rings .. .. .. | 103 | Cot bed .. .. .. | 4 |
| Air beds .. .. .. | 2 | Crutches (pairs) .. .. | 14 |
| Back rests (padded) and wedges .. .. .. | 6 | Electric bells .. .. | 4 |
| | | Feeding cups .. .. | 2 |
| Bed and mattress .. .. | 1 | Fracture boards .. .. | 60 |
| Bed blocks .. .. .. | 30 | Hoists .. .. .. | 8 |
| Bed cradles .. .. | 71 | Hospital bed and pulleys | 3 |
| Bed pans .. .. .. | 152 | Infra red lamps .. .. | 4 |
| Bed rests .. .. .. | 100 | Medical sheepskin .. | 3 |
| Bed tables .. .. .. | 10 | Ripple beds .. .. | 2 |
| Commodes (chair) .. | 222 | Rubber sheets .. .. | 102 |
| Commodes (stool) .. | 17 | Sanitary chair .. .. | 1 |

| | | | |
|---|---|---|---|
| Sorbo rings .. .. | 4 | Wheelchairs .. .. | 223 |
| Urinals .. .. .. | 77 | | |
| Walking aids .. .. | 171 | | 1,410 |
| Walking sticks .. .. | 14 | | |

## (e) HOME HELP SERVICE

(Dr. Gray)

### 1. Cases helped

(*a*) Classification of cases helped in the last three years:—

| | 1966 | 1967 | 1968 |
|---|---|---|---|
| Maternity .. .. .. .. .. .. | 123 | 111 | 93 |
| Acute illness .. .. .. .. .. .. | 61 | 69 | 73 |
| Chronic sick .. .. .. .. .. .. | 100 | 104 | 93 |
| Mentally disordered .. .. .. .. .. | 13 | 13 | 15 |
| Other .. .. .. .. .. .. .. | 15 | 9 | 12 |
| All patients over 65 years .. .. .. .. | 686 | 710 | 763 |
| Totals .. .. .. .. .. | 998 | 1,016 | 1,049 |

(*b*) Patients receiving continuous help throughout the year for the past three years:—

| | |
|---|---|
| 1966 .. .. | 467 |
| 1967 .. .. | 495 |
| 1968 .. .. | 496 |

### 2. Finance

Classification for payment during the last three years has been as follows:—

| | 1966 | 1967 | 1968 |
|---|---|---|---|
| Full payment (5/- hour) .. .. .. .. | 241 | 222 | 211 |
| Assessed for payment .. .. .. .. .. | 264 | 277 | 251 |
| Free .. .. .. .. .. .. .. | 493 | 517 | 587 |
| Total cases helped .. .. .. .. | 998 | 1,016 | 1,049 |

The only patient receiving long-term help at a special reduced rate by committee decision died in September. One householder was granted four hours per week free help in October.

HOME HELP. COOKING INSTRUCTION

## 3. Staff

The following table shows the home helps employed at the end of the last three years:—

*Establishment:* equivalent to 60 full-time home helps January to March.
equivalent to 62 full-time home helps April to December.

| | 1966 | 1967 | 1968 |
|---|---|---|---|
| Full-time—40 hours .. .. .. .. .. | 5 | 3 | 4 |
| Part-time—38-20 hours .. .. .. .. | 71 | 75 | 73 |
| Part-time—less than 20 hours .. .. .. .. | 54 | 53 | 55 |
| | 130 | 131 | 132 |
| Equivalent to full-time.. .. .. .. .. | 60 | 61 | 61 |

During the year, 43 home helps were engaged and 42 women resigned. Thus, one third of the staff change each year, and both organisers are constantly briefing new recruits and adjusting work programmes accordingly.

A thorough briefing to home helps on the needs and ways of helping the sick and aged is always given to each applicant. This is felt to be a worthwhile procedure, even if the person is not engaged, as it serves to educate the public even further as to the work performed by the Health Department.

The Organiser acted as tutor on the first of a series of in-service Training Courses for Home Help Organisers. This was held at Kelston Park, near Bath and was organised by the Provincial Council for Local Authorities' Services in the South West (County Education Office, Taunton). It is hoped to provide more of these Courses in the future.

The Organiser also attended the Annual Week-end School which was held at the Froebel Institute, Grove House, Roehampton Lane from the 12th—14th September.

### Training of home helps

A series of ten lectures and discussions were held at 29/31, George Street. An average of 18 home helps (under one year's service) attended. Visits were made to Cowley Road Hospital, Littlemore Hospital and Rivermead Hospital in the afternoon, to supplement these talks.

With the help and co-operation of Mr. Lewis, the Health Education Officer, and Mrs. Lee of the Oxford College of Further Education, short course in nutrition and cookery was held at the College in August. The Course consisted of twelve hours tuition and practical work, i.e. two periods of two hours twice a week for three weeks. The Course included budgeting, with special reference to the needs of the elderly. Twelve home helps attended the Course, which it is hoped, will become a regular part of our training programme.

## (f) FAMILY PLANNING

(Dr. Gray)

The family planning services at present available in the City developed over forty years as a result of the close and friendly working relationship between the Oxford Branch of the Family Planning Association and the Health Department.

In 1926, The Family Planning Association started their first clinic, moving to the Out-Patient Department of the Nuffield Maternity Home in 1947. The City also held a weekly clinic at the Radcliffe Infirmary from 1935 for women in whom pregnancy would have been detrimental to health, and this was extended in September 1965 to include a domiciliary visiting service for those women needing help but who could not, or would not, attend existing clinics. From 1964 onwards local authority peripheral clinic premises were made available to the F.P.A. free of charge, and by April 1968, five such clinics were held weekly.

The National Health Service (Family Planning) Act 1967 became law on 28th June, 1967 and the City Council, on the recommendation of its Health Committee, implemented this Act by appointing the F.P.A. its agents and granting a sum of money to enable it to combine, re-organise and extend the existing services.

### A. Services provided by the Oxford Branch of the Family Planning Association

Mr. H. A. E. Spalding, Branch Organising Secretary of the Family Planning Association has kindly provided the following report:—

The scheme agreed between the City and the Oxford Regional Branch of the Family Planning Association commenced 1st April, 1968. This provides for all married women living in the City attending Oxford F.P.A. clinics, to have medical examination and advice without charge, and for those in medical need to have necessary drugs and appliances also without charge. In the case of patients with a non-medical need drugs and appliances are supplied at economic rates which are reduced or remitted in cases of financial hardship.

To operate this service, the City Council provided Oxford F.P.A. with the use of clinic premises and an experimental grant for the first year of £6,250. This sum is proving realistic in covering the cost of doctors and nurses salaries, drugs, appliances and administration.

With patient numbers increasing, more clinic sessions have been held at existing clinics and a new clinic has been opened at the East Oxford Health Centre.

## 1. Clinics

At the present time clinic and session times are as follows:—

(a) *Blackbird Leys Health Centre*—Blackbird Leys Road, Blackbird Leys.
Friday, 4.30—6.30 p.m.

(b) *Child Health Clinic Premises*—Temple Road, Cowley.
Wednesday, 1.30—3.30 p.m.

(c) *East Oxford Health Centre*—Cowley Road.
Monday, 5.30—7.30 p.m.

(d) *Bury Knowle House*—Old High Street, Headington.
Thursday, 9.30—11.30 a.m.

(e) *Nuffield Maternity Out-Patients Department*—Walton Street.
Tuesday, 12.30—2.30 p.m. and 3.30—5.30 p.m.

(f) *Child Health Clinic Premises*—South Parade, Summertown.
Wednesday and Friday, 9.30—11.30 a.m.

## 2. Specialist Services

As part of a comprehensive service, a Pre-Marital and Young People's Advisory Service was started in October. This service, by appointment only, is provided at the East Oxford Health Centre every Thursday from 5.15—7.15 p.m. and is an F.P.A. responsibility.

During the year a number of sessions have been held for patients with marital problems, at 33 Iffley Road, Oxford, by arrangement with the Oxford Marriage Guidance Council.

Domiciliary family planning services in the City have remained the responsibility of the City Health Department, but Oxford F.P.A. has been pleased to supply drugs and appliances for this service from the grant.

## 3. Statistics

| *Clinic sessions held* | | *Doctor sessions held* | |
|---|---|---|---|
| Mixed sessions .. .. | 378 | Mixed sessions .. .. | 520 |
| I.U.D. only sessions .. | 35 | I.U.D. only sessions .. | 70 |

**Patients and Methods**

| Patients registered | New patients | Methods (new patients) | | | |
|---|---|---|---|---|---|
| | | Cap | Oral | I.U.D. | Other |
| 3,199 | 1,559* | 208 | 965 | 216 | 170 |

*Excluding 85 patients transferred from other clinics.

**Source of Referral of New Patients**

| Hospital | Local authority | Patient or friend | Family doctor | F.P.A. transfer | Other |
|---|---|---|---|---|---|
| 129 | 212 | 353 | 626 | 85 | 239 |

**Age at first visit**

| —20 | 20-24 | 25-29 | 30-34 | 35+ |
|---|---|---|---|---|
| 224 | 568 | 371 | 249 | 232 |

**Parity at first visit**

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 6+ |
|---|---|---|---|---|---|---|---|
| 540 | 295 | 352 | 261 | 109 | 35 | 23 | 29 |

**Services provided by Oxford F.P.A. clinics for City patients.**
**(1st April to 31st December, 1968)**

| Period | Visits at which free medical examination and advice provided but supplies paid for | Visits at which free or subsidised supplies provided | Cost of free and subsidised supplies |
|---|---|---|---|
| April-June .. .. | 1,629 | 186 | £194 15s. 0d. |
| July-September .. | 1,524 | 189 | £184 13s. 9d. |
| October-December .. | 1,823 | 188 | £244 17s. 9d. |
| Total .. .. | 4,976 | 563 | £624 6s. 6d. |

## B. Domiciliary Services

The following report has been supplied by Dr. Margaret Whitty:—

The City birth control clinic, per se, closed in May after more than thirty years of active life, full integration with the Family Planning Association having been achieved. Perhaps, its original function is now incorporated in the present domiciliary service which aims to bring aid to those who are deemed unlikely or unable, on their own initiative, to obtain advice on contraception from either their own general practitioner or from a clinic.

During the year, 67 new families (54 in 1967) were referred, almost all by health visitors.

One hundred and forty-nine follow-up visits were made to patients in their own homes (179 in 1967). A further 93 attendances were recorded by domiciliary patients at "Half-way" clinics.

**"Half-way" clinics**

During the previous year, small groups of patients living near the Slade Park had been invited to morning sessions held in the Child Health clinic.

This arrangement had proved convenient to both staff and patients—a short walk to familiar premises and health visitor, where play space and toys were available for toddlers. It also helped to identify Family Planning with child care, as a thoroughly respectable proceeding.

The idea was extended to Rose Hill, where there is a concentration of families in difficulties and the first session was held in the Community Centre in June. Here, it is possible to provide tea, as well.

In October, the Oxfordshire County health visitor was invited to bring some of her problem families and the clinic will be run as a joint venture in future.

This type of informal session serves as a bridge between a domiciliary visit and future transfer to a Family Planning Association clinic.

| | | |
|---|---|---|
| *Slade Clinic* | 10 | sessions held |
| New patients .. .. | 7 | |
| Return visits .. .. | 75 | |
| *Rose Hill clinic* | 4 | sessions held |
| New patients seen (City residents only) .. | 2 | |
| Return visits .. .. | 18 | |

**Ethnic Groups**

The 67 new families belonged to the following nationalities:—

| | |
|---|---|
| British .. .. .. .. .. .. .. .. | 52 |
| Asian .. .. .. .. .. .. .. .. | 8 |
| West Indian .. .. .. .. .. .. .. | 4 |
| African (one family from Ghana and one from Somaliland) .. | 2 |
| European (Spanish) .. .. .. .. .. .. | 1 |
| | 67 |

*Disability*

| | |
|---|---|
| Short birth interval .. .. .. .. .. .. | 25 |
| (Five mothers had given birth to 2 babies within twelve months or less) | |
| Disturbed marital relationship .. .. .. .. .. | 4 |
| Family history of congenital deformity .. .. .. | 2 |
| Inadequate personalities .. .. .. .. .. .. | 14 |
| Mental sub-normality .. .. .. .. .. .. | 3 |

| | |
|---|---|
| Psychiatric illness | 4 |
| "Shy" inhibited mothers | 10 |
| Other causes | 5 |
| | 67 |

Shy and inhibited mothers represent an important group, for there are still many women who find difficulty in discussing contraception, but are anxious for information about modern reliable methods.

A single visit to their home to discuss their difficulties, is often all that is needed; thereafter they can make their own arrangements.

Four patients were already pregnant at the time of referral; another was admitted to a psychiatric hospital, and a further patient was committed to Holloway prison soon after the initial visit.

The following methods were chosen by the remaining 61 patients:—

| | |
|---|---|
| Oral contraceptives | 30 |
| Intra uterine device | 16 |
| Conventional methods | 5 |
| No help wanted | 2 |
| Making their own arrangements | 8 |
| | 61 |

**Pregnancies**

1968 None reported for the current year's entry.

1967 One patient fitted with an I.U.D. six months previously conceived with coil in situ.
One young mother stopped taking her oral contraceptive pills when her husband left home, following a quarrel, for a few weeks. She was unprotected when he returned.
One patient failed to use orthodox supplies.
Two patients, who had been unable to accept any method became pregnant.

1966 One patient became pregnant after wearing an intra-uterine device for eighteen months.

1965 One West Indian, mother of 6, after three years on an oral contraceptive regime, forgot her pills for a few weeks, during a period of personal unhappiness. She, too, was unprotected when reconciliation with her husband took place.

The underlying motives for pregnancy are always complex, particularly amongst the disturbed and under-privileged. Help cannot be given effectively until a positive choice for family limitation has been made.

All of those who became pregnant, have been visited and will be encouraged to use if possible, a more efficient method in the future.

## (g) CERVICAL CYTOLOGY

(Dr. Gray)

The screening of all women over the age of 20 years for carcinoma in situ of the uterine cervix continued throughout the year.

Again, there was a substantial decrease in the number of women applying to have the test, a noticeable trend throughout the country. The most disappointing factor was the lack of acceptance by women of 40—44 years of age, a group generally considered to be more "at risk", particularly those married and with families. Only 183 smears were taken from women of this age group as compared with 312 in 1967, and yet there were two positive results from this group (10.9 per thousand) as compared with one positive result in 1967 (3.6 per thousand).

In an effort to persuade such women to attend clinics for this simple test, personal letters of information and encouragement were sent to 818 married women over 35 years of age with one of more children residing on a City housing estate, but only 130 took advantage of facilities provided at a local Health Centre during the morning, afternoon or evening, an acceptance rate of only 15.8%.

Other methods of publicity were maintained during the year, and employers again co-operated by allowing clinics to be held on works premises where the amenities were suitable, and in stores, colleges and offices.

Apart from Local Authority and General Practitioner clinics women may also receive this test at hospital gynaecological, postnatal and V.D. out-patient clinics and at Family Planning clinics.

The following table shows the numbers dealt with during the past two years.

| | Local authority sessions | | General practitioner sessions | | Total | |
|---|---|---|---|---|---|---|
| | 1967 | 1968 | 1967 | 1968 | 1967 | 1968 |
| Request cards received .. | 1,190 | 907 | 778 | 948 | 1,968 | 1,855 |
| Number of patients examined .. .. | 1,494 | 912 | 707 | 831 | 2,201 | 1,743 |
| Number of sessions .. | 121 | 90 | 70 | 92 | 191 | 182 |
| Persistent non-attenders | | | | | 41 | 39 |
| Patients unable to be examined | | | | | 109 | 80 |

Of the 1,743 patients examined, 1,219 were Oxford residents.

The ages of the women examined during the year and the number of children they have had is shown in the following table:—

| Age (years) | Number of children | | | | | | | | | | | | | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | Not stated | |
| —25 | 229 | 106 | 66 | 11 | 1 | 2 | — | — | — | — | — | — | 1 | 416 |
| 26—29 | 47 | 39 | 82 | 37 | 14 | 5 | 1 | — | — | — | — | — | 1 | 226 |
| 30—34 | 26 | 30 | 88 | 53 | 20 | 4 | 4 | 1 | 1 | — | — | — | — | 227 |
| 35—39 | 23 | 27 | 81 | 45 | 21 | 9 | 8 | 3 | — | — | — | — | 3 | 220 |
| 40—44 | 27 | 35 | 54 | 37 | 16 | 5 | 4 | 2 | 2 | 1 | — | — | — | 183 |
| 45—49 | 32 | 53 | 66 | 37 | 20 | 5 | 4 | 1 | — | — | 1 | 1 | — | 220 |
| 50—54 | 13 | 26 | 40 | 24 | 12 | 2 | 4 | — | — | — | — | — | 1 | 122 |
| 55—59 | 16 | 12 | 27 | 7 | 5 | 2 | 1 | — | 1 | — | — | — | — | 71 |
| 60+ | 12 | 15 | 6 | 3 | 2 | — | — | 1 | 1 | — | — | — | — | 40 |
| Not stated | — | 5 | 4 | 5 | 1 | — | — | — | — | — | — | — | 3 | 18 |
| Total | 425 | 348 | 514 | 259 | 112 | 34 | 26 | 8 | 5 | 1 | 1 | 1 | 9 | 1,743 |

The following results were obtained compared with the last two years:—

| | **1968** | **1967** | **1966** |
|---|---|---|---|
| Negative smears .. .. .. .. | 1,704 | 2,164 | 3,105 |
| Suspicious or doubtful smears confirmed by biopsy .. .. .. .. | 12 | 9 | 13 |
| Suspicious smears not confirmed by: | | | |
| (i) repeat smear .. .. .. | 1 | 5 | 2 |
| (ii) biopsy .. .. .. .. | 5 | 4 | 4 |
| Doubtful smears not confirmed by repeat smear .. .. .. .. .. | 5 | 3 | — |
| Suspicious smears awaiting further investigation .. .. .. .. | 4 | 8 | 4 |
| Doubtful smears to have further follow-up | 12 | 7 | — |
| Doubtful smears—follow-up not possible | — | 1 | 1 |
| Other gynaecological abnormalities detected .. .. .. .. | *167 | 296 | 277 |

**This figure is probably low due to lack of gynaecological information from general practitioners.*

The age and parity of the twelve patients with confirmed carcinoma in situ were as follows:—

| Age (years) | Number of children | | | | | | Total |
|---|---|---|---|---|---|---|---|
| | 0 | 1 | 2 | 3 | 4 | 5 | |
| 20—24 | — | — | — | — | — | — | — |
| 25—29 | — | — | — | — | — | — | — |
| 30—34 | — | 1 | — | 1 | — | — | 2 |
| 35—39 | — | — | — | — | 1 | 1 | 2 |
| 40—44 | 1 | — | — | 1 | — | — | 2 |
| 45—49 | — | 1 | — | — | — | — | 1 |
| 50+ | — | 1 | 1 | 1 | 2 | — | 5 |
| Total | 1 | 3 | 1 | 3 | 3 | 1 | 12 |

The incidence of carcinoma in situ was therefore 12 in 1,704 patients examined or 7.6 per thousand as compared with 4.08 in 1967. This increased incidence is more in keeping with the usually quoted figure of 6 or 7 per thousand, and the greatest increase was in the 50+ age group.

Of the 8,353 patients examined since the start of the scheme in March 1965, there were 42 confirmed cases of carcinoma in situ or 5.02 per thousand. The age and parity of these 42 patients were as follows:—

| Age (years) | Number of children | | | | | | |
|---|---|---|---|---|---|---|---|
| | 0 | 1 | 2 | 3 | 4 | 5 | Total |
| —25 | — | — | — | — | 1 | — | 1 |
| 26—29 | — | — | 1 | — | — | — | 1 |
| 30—34 | 1 | 1 | 1 | 1 | — | — | 4 |
| 35—39 | — | 3 | — | 2 | 1 | 1 | 7 |
| 40—44 | 2 | 2 | 4 | 2 | 1 | — | 11 |
| 45—49 | 1 | 2 | 2 | 4 | — | 1 | 10 |
| 50+ | — | 2 | — | 1 | 3 | 2 | 8 |
| Total | 4 | 10 | 8 | 10 | 6 | 4 | 42 |

The increase in incidence of confirmed carcinoma in situ in the last year, and the fact that the increase has occurred in the older age groups accentuates the real need for sustained publicity and other persuasive methods directed towards this particular group of women.

## (h) RECUPERATIVE HOLIDAYS

(Dr. Gray)

During the year recuperative holidays were arranged for 20 persons compared with 16 last year.

All applicants were satisfactorily accommodated and no difficulty was experienced in booking accommodation at seaside homes during the summer months.

The sources of recommendation for holidays were as follows:—

(*a*) General practitioners .. .. .. .. .. 11

(*b*) Consultants .. .. .. .. .. .. .. 9

Applicants were assessed to pay as follows:—

Persons making payment in full .. .. .. .. 5
Persons making part payment .. .. .. .. 7
Persons making no payment .. .. .. .. 8

The cost to the City Council was £125 10s. 8d. plus travelling expenses for 4 persons.

Applicants were accommodated at the following Homes:—

| | *Male* | *Female* | *Children* |
|---|---|---|---|
| Bell Memorial Home, Lancing .. | 1 | 7 | – |
| British Red Cross Society Home, Westward Ho .. .. .. | 1 | 1 | – |
| Carlisle House, Rickmansworth .. | – | 1 | – |
| Church Army Home, Bexhill .. | – | 1 | 3 |
| Hearts of Oak Home, Broadstairs .. | 1 | – | – |
| Hermitage, Hastings .. .. .. | 1 | – | – |
| St. John's Home, Weston Favell .. | – | 2 | – |
| Ireland .. .. .. .. | – | 1 | – |
| | 4 | 13 | 3 |

## (i) HEALTH EDUCATION

(Mr. D. F. Lewis)

The extent to which health education can be implemented is largely dependent upon the understanding, vigour and enthusiasm accorded the subject by all the members of the department. Their co-operation and active support, based upon an appreciation of the value of the work, can be of extensive long term benefit in the field of preventive medicine.

**In-service Training**

Among the courses arranged to help provide staff with the knowledge and interest to include education for health in their work, was one for members of the Home Help Service. The course, 'budgeting and preparation of diet', was planned in conjunction with the College of Further Education, and consisted of six, two hour sessions. One of the major contributory factors to its success lay in the availability of facilities for practical work. Theory and practice were no longer seen in isolation. The programme included: the need and preparation of a balanced diet, budgeting, economic cooking methods, value of vitamins and the importance of care and attention to hygiene in the preparation of food.

A regular series of recently produced films have been shown, often in company with a visiting speaker, to doctors, health visitors and social workers. The occasions have served to both inform and bring to the attention of staff visual material which they in turn may wish to use. The selection of material has ranged across such diverse topics as family planning, cervical cytology, smoking and child development.

The regular involvement of health visitors in talks to the public has once again made it necessary to run a course in the use of the 16 mm. projector. With the film and slide projectors in use on over 200 occasions, it has become essential that the health visitor be able to operate the equipment independent of the assistance of others.

A three-day residential course for teachers and health visitors involved in education for personal relationships was held in the spring. Appreciation and understanding of adolescence with all the accompanying emotional and psychological changes, played the major part of the study. However, time was also devoted to examining the ways in which teachers could present the subject and in considering the moral and ethical attitudes involved. The more factual information was not neglected; talks on family planning and venereal diseases being included.

The Health Education Officer attended a course on Education and Social Work held at the Loughborough Summer School. With the advent of the possible implementation of the Seebohm Report, the week provided stimulating and challenging ideas in this direction.

**Parentcraft Classes**

These classes have continued to attract the regular support of both fathers and mothers. The teaching and discussion sessions taken by both general practitioners and health visitors, have provided many parents with the information, advice and confidence which can not only reduce possible anxiety, but also resolve many doubts and uncertainties. The content of the classes is constantly under review. As and when it seems suitable, topics are extended, curtailed, or new ones such as family planning introduced. It may seem rather incongruous to introduce the subject at such a time, but the encouraging response from parents has justified its inclusion. A variety of films and different speakers have been used, but the regular health visitor whom the parents all know and who has been responsible for, or involved in, the previous classes, stimulates the greatest response. Attendance at these classes is always subject to fluctuation, but this year has shown a slight increase in the numbers attending.

**Parentcraft classes—numbers, 1968**

| | No. registered | Total attendance |
|---|---|---|
| Donnington .. .. .. | 35 | 131 |
| Temple Cowley .. .. .. | 56 | 202 |
| Summertown .. .. .. | 93 | 385 |
| Total .. .. .. | 184 | 718 |

| Year .. .. .. | 1963 | 1964 | 1965 | 1966 | 1967 | 1968 |
|---|---|---|---|---|---|---|
| No. registered .. .. | 131 | 117 | 129 | 179 | 222 | 184 |
| Total attendance .. .. | 542 | 544 | 448 | 819 | 617 | 718 |

**Cervical Cytology**

The pattern established during the previous year of encouraging the larger factories, offices and shops to hold clinics on their premises, continued into the early part of the year. By then the majority had taken advantage of the arrangement. Posters were supplied to the firms to

supplement the informative leaflet and appointment card presented to all the women employees over 20 years of age. Following the return of the cards, clinics were arranged to take place during working hours, causing little inconvenience or loss of time to employer or employees.

A further attempt was made to enlist the support of husbands in bringing notice of the 'smear test' to the attention of their wives. With the full support of the medical unit at a local factory, an informal meeting was arranged with the charge hands of one section. The purpose of the test and the factors involved were fully explained. After discussion the assistance of the charge hands was invited in encouraging members of their section to take home leaflets and appointment cards. They were unanimous in their willingness to co-operate in the scheme. The previous year, leaflets alone had been distributed which produced a 14% response. By obtaining the additional support of the charge hands, it was hoped to raise this figure much higher. To this extent the scheme failed, since the requests for appointments fell short of the previous years total. Against this failure must be set the fact that the women most willing to attend, have now been examined. Henceforth it will be a question of persuading those who are either disinterested or apathetic to take a more positive course of action.

**Lectures and Talks**

There are many approaches and methods adopted in advising the public on preventing ill-health, but the well presented talk and discussion is probably more effective than any. Members of the department have given a wide selection of lectures and talks to medical students, student health visitors and district nurses, pupil midwives, student nurses, nursery nurses and sections of the public. The lectures to medical students on the topic of health education provided a particularly welcome opportunity to reach what is potentially a most influential group. Discussions ranged over the role which doctors could play in changing peoples attitudes and behaviour, and to evaluating the efficacy of the methods currently in use. Topics such as smoking, drug misuse, parentcraft, fluoridation, cervical cytology and group dynamics were examined from the standpoint of preventive medicine. The contribution doctors could make to this field was explored, together with a brief review of the types of visual aids at their disposal.

Many requests were again received to give illustrated talks on drug abuse. The wide variety of interested audiences included schools, youth clubs, colleges, mothers clubs, women's organisations and community associations. In an endeavour to keep abreast of a rapidly changing scene, and to discuss the widely contrasting methods of education on such a controversial issue, the Health Education Officer took advantage of the offer to visit a centre for the cure of drug addicts. The visit proved most informative and beneficial, though at times a little depressing.

Talks on a great many other subjects have been given. These have included home safety, child development, cancer, adolescence, the handicapped child, the battered baby and the role of the health visitor. One aspect of this role has been well illustrated on the 71 occasions during which health visitors have taught in the City schools in the past year.

One talk particularly worthy of mention was that given to a section of the city engineer's department, on 'mouth to mouth' resuscitation. The film, 'That they might live', was shown, followed by a brief talk discussion and the opportunity to practise on a manikin. This short session could well be repeated to great advantage by all sections of the staff in the City authority. The need to apply this training may arise under many every day circumstances, and people should feel confident that they could cope with such an emergency. Those to whom a training period has been given include teachers, school children, senior pupils in a primary school in one instance, and manual workers.

The number of talks taking place have led to many requests for assistance, either in preparing the talk or to provide suitable visual material. This increasing demand, coupled with difficulties of obtaining films, has made it necessary to purchase some films of our own, together with a selection of filmstrips. It has been found convenient to convert the filmstrips to slides and so make available a small library of them. Slides can then be taken from a collection of different topics and used to illustrate the points made in a talk.

The usual distribution of posters and leaflets on current topics of issue has continued. One valuable addition has been the production of our own leaflet on toilet training, for which there was a wide demand.

The display 'Hazard House', depicting many of the most frequently occuring dangers in the home, received very favourable comment and further publicity from the local press. A living room incorporating many of the hazards which have led to some of the 8,000 deaths a year in the home, was set up for two weeks in the Carfax Information Centre. During this time it must have been seen by a great many passers by, in addition to the small parties who were specifically taken along to see the display.

The extensive work undertaken in health education by the schools has been covered in the Principal School Medical Officer's report.

## (j) DOMICILIARY OCCUPATIONAL THERAPY SERVICE

(Dr. Vera Hollyhock)

The following report has been submitted by Miss Gould, Head Occupational Therapist.

This section remained fully staffed for the whole year. As from July some much appreciated additional clerical help became available.

The number of patients in the care of the service at the end of the year shows a further increase, as does the number of new referrals. To counteract this increase a greater number were withdrawn from the active list as soon as the Occupational Therapist was satisfied that all the help necessary had been provided by way of Aids to Daily Living

| | 1966 | 1967 | 1968 |
|---|---|---|---|
| Total patients .. .. .. | 197 | 219 | 241 |
| New referrals .. .. .. | 62 | 88 | 142 |
| Withdrawn .. .. .. .. | 34 | 66 | 120 |

A large proportion of the "new referrals" were for home assessment before or after hospital discharge. The service then provided the necessary equipment to give patients as much independence in their own homes as possible. The Welfare Division were advised of any necessary structural alterations such as additional stair handrails and ramps. The loan of equipment such as hoists, wheelchairs, walking aids and commodes was arranged through the British Red Cross Society.

The following table shows a summary of aids recommended and/or provided by the service.

| | 1966 | 1967 | 1968 |
|---|---|---|---|
| Bathing aids (seats, mats, rails, etc.) .. | 28 | 48 | 66 |
| Adaptations to furniture .. .. .. | 14 | 17 | 15 |
| Raised toilet seats and/or handrails .. | 14 | 23 | 43 |
| Small gadgets .. .. .. .. | 10 | 9 | 11 |
| Walking aids .. .. .. .. | — | 15 | 20 |
| Advice and assessment for rails, ramps, etc. | 23 | 12 | 43 |
| Total .. | 89 | 124 | 198 |

The following table shows the continuing steady increase in the sale of patients work.

| | 1966 | 1967 | 1968 |
|---|---|---|---|
| Total sales .. .. .. .. | £1,810 | £2,647 | £3,443 |
| Cash return to patients .. .. | £1,022 | £1,350 | £1,905 |
| Lampshade orders .. .. .. | £275 | £519 | £470 |
| Special Orders .. .. .. .. | £158 | £178 | £239 |

The Social Group, held once a fortnight at Dorset House School of Occupational Therapy, by the kind generosity of the Principal Miss E. M. Macdonald, has continued to be very successful. During term time the students organise the afternoon's programme and they have provided a very wide variety of activities throughout the year. An average of 25 to 30 patients attend the meetings. Transport is provided by two vehicles from the Welfare Division, supplemented by three or four voluntary cars. The vehicle with the hoist is extremely helpful as it enables patients to travel in their own wheelchairs.

During the latter part of the year an arrangement was made with the Dorset House School, for students, at a certain point in their training, to spend an afternoon with the domiciliary occupational therapist visiting patients. This has been appreciated by the patients and students alike.

In September the Records Department at the Radcliffe Infirmary approached Miss Gould about compiling the new style hospital case folders. As these were being used at the rate of approximately 250 folders a day, the demand was pretty heavy. It was agreed to do a trial run and as this was successful, the work has since been carried out by about six patients.

## (k) CHIROPODY

(Dr. Vera Hollyhock)

In 1953 the Council of Social Service started a limited chiropody service for the elderly at old people's clubs. Private chiropodists were employed. A nominal fee of 2/- was charged to the patient and the remainder of the reimbursement to the chiropodist was provided from voluntary funds.

In 1959 the Minister of Health circularised all local authorities to the effect that he was prepared to approve proposals by local health authorities who wished to establish or extend a chiropody service as part of their arrangements for the prevention of illness under section 28 (1) of the National Health Service Act, 1946. It was suggested that proposals should give priority to the elderly, physically handicapped and expectant mothers. Approval was given to the making of charges for the service under section 28 (2), and local health authorities were given authority to contribute to the funds of voluntary organisations providing chiropody services.

Consequent upon this circular it was decided that the City Council should support financially the scheme run by the Oxford Council of Social Service. Elderly people who did not wish to join the clubs would notwithstanding be able to attend the chiropody clinics held at the old people's clubs. It was also agreed that the residents in the City's Old People's Homes were entitled to a free chiropody service. An elderly person living at home and unable to attend a club by virtue of immobility could be transported to one of the Old People's Homes for treatment. Physically handicapped persons, and an occasional expectant mother or school child, might be similarly treated. A nominal fee of 2/6d. would be charged to patients receiving treatment at the clubs, and to those brought by transport for treatment at the Old People's Homes.

It was considered that persons in need would come to the notice of the chiropody service mainly through welfare officers, district nurses, health visitors, home helps and occupational therapists.

In April 1960 the service combined:—

1. Sessions organised by the Oxford Council of Social Service and held at eight old people's clubs at which non members could also attend.

2. The treatment of all the residents living in the City Council's Old People's Homes.

3. The treatment of other elderly and handicapped persons in need at a clinic to be held weekly at Marston Court Old People's Home.

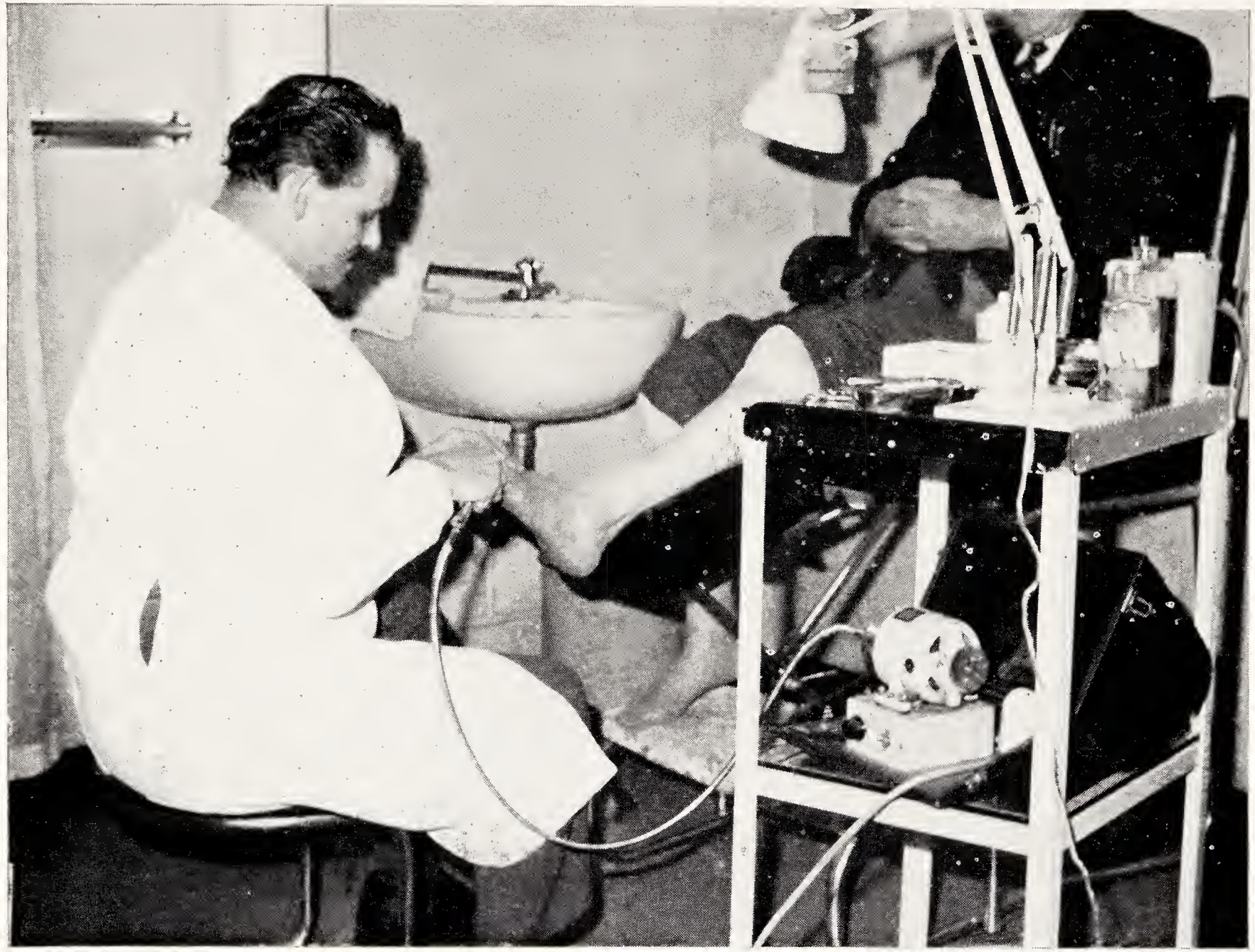
4. The domiciliary treatment of patients so handicapped as to be unable to attend at old people's clubs, and unsuitable for transport to a centre for treatment.

Treatment was undertaken on a sessional basis by a number of private chiropodists, there being seven working at the clubs and one responsible for all the Old People's Homes and the Marston Court clinic. Even at this stage it was clear that more chiropody help was needed, but efforts towards recruitment were abortive.

In 1961 a Board of Registration for Chiropodists came into being under the Professions Supplementary to Medicines Act, 1960, and the employment of a chiropodist by the Health Department was conditional upon such registration. By 1966 there were 13 old people's clubs, 7 Old People's Homes and 2 transport clinics all requiring a chiropody service. There was now an urgent need for a full time chiropodist to be employed by the Health Department, but repeated advertisements failed to produce any suitable candidate for the position. However in 1968 we had better fortune and on July 1st the department welcomed Mr. Whatmore as their first full-time chiropodist. The service is now in process of re-organisation and at the end of the year only 3 of the part-time chiropodists continued their sessional work. Most grateful thanks are due to all the very busy private chiropodists who have kept an essential service going over so many years.

For some time anxious consideration has been given to the suitability of premises for the practice of chiropody. The organisers of the old people's clubs did their best to make the facilities satisfactory, but generally chiropody was being carried out under conditions that were far from satisfactory and which certainly would be unlikely to attract well qualified chiropodists. It was therefore decided that as an experimental venture, the Summertown Clinic in South Parade would be used for chiropody once a week. This would replace sessions at three of the old people's clubs in the area, namely—British Red Cross Society at 101 Banbury Road, Cutteslowe Community Centre and Wolvercote.

Mr. Whatmore commenced at the Summertown Clinic in September, and it very soon became apparent that the premises were much appreciated by the patients, and that this system was satisfactory. In view of this it was agreed that, wherever possible, the chiropody sessions would be transferred from somewhat inadequate club premises to the local health authority clinics provided that old people would not have to travel too far. By the end of the year it had been decided that it would be possible



CHIROPODY. SUMMERTOWN CLINIC PREMISES

to have a chiropody session in the South Oxford Clinic in lieu of the adjacent old people's club in Lake Street. We are grateful for the continued assistance of the voluntary organisers who previously arranged the sessions in the clubs and are now doing so in the clinic premises. It will probably not be possible to dispense entirely with all the old people's club premises, because there are not sufficient clinics suitably situated in the City. Elderly people should not have to travel very far to a chiropody clinic. It is hoped to have a second chiropodist on the staff but recruitment is likely to be difficult.

By moving the chiropody sessions to clinic premises, we will be able to improve the quality of treatment. It is also hoped to undertake very much more preventive treatment than is possible at present with our limited resources. At the moment much of the treatment given is palliative to relieve pain and distress.

Because of the rising costs the charges to patients required consideration and as from the beginning of 1969, they will be increased to 3/- at a club and 4/- at a clinic, always provided that these charges can be waived or reduced in a case of hardship.

To summarise, the service has been built up from its early beginnings of palliative chiropody for elderly people in old people's clubs, to its present state where a far greater number of elderly folk in the City have chiropody available to them. For the future it is hoped to extend this service further to include more of the handicapped and other special categories, such as expectant mothers and children, and to give an even better quality of service.

The following report has been submitted by Mr. Whatmore:—

"From the beginning of July a direct service has been provided in addition to that organised by the Council of Social Service. Those eligible are elderly men and women and the physically handicapped. Treatment is given in clinics, old people's clubs and at the City Council's Old People's Homes. Patients unable to get to a clinic or club, are transported to a Centre for treatment. Those certified as housebound by their doctor, health visitor or welfare officer receive treatment in their own home.

The weekly session started in September at the clinic premises in South Parade, Summertown, has proved to be most successful, and is functioning at maximum pressure; no expansion is possible until a second chiropodist is obtained. Saturation point has also been reached at the Blackbird Leys and South Oxford Clinics.

One of the greatest difficulties facing the service is the recruitment of qualified staff. The three chiropodists who continue to assist on a part-time basis are unable to give any more time owing to the demands of their own private practice. An additional 208 patients were treated in 1968, and even on a basis of only 3 treatments a year this means there will be a need for an extra 624 treatments in 1969. As patients with a medical

need, such as those suffering from diabetic and ischaemic disease are given first priority, the majority of patients are only receiving 3 treatments per year, which is barely adequate to achieve the aim of keeping the elderly ambulant. Normally most patients require a six weekly appointment. With the elderly, broken appointments are always a problem whether due to illness, bad weather conditions or other circumstances. Every effort is made to deal with this situation as it has a vital bearing on the overall cost of the service."

The following tables give relevant details of the work undertaken.

**Summary of Work 1963—1968**

| Year | Patients | Treatments | Sessions |
|---|---|---|---|
| 1963 | 770 | 2,979 | 476 |
| 1964 | 849 | 3,661 | 575 |
| 1965 | 1,017 | 4,666 | 754 |
| 1966 | 1,069 | 4,999 | 724 |
| 1967 | 1,054 | 4,886 | 727 |
| 1968 | 1,262 | 4,864 | 635 |

## Comparison between 1967—1968

| Place of treatment | 1967 | | | | 1968 | | | |
|---|---|---|---|---|---|---|---|---|
| | Patients | Treatments | Sessions | Av. treatments per session | Patients | Treatments | Sessions | Av. treatments per session |
| Old People's Clubs .. | 528 | 2,264 | 337 | 6.7 | 558 | 2,409 | 315 | 7.6 |
| Transport sessions .. .. | 187 | 501 | 81 | 6.1 | 217 | 582 | 75 | 7.6 |
| Patients' own homes .. | 95 | 379 | 75* | — | 106 | 459 | 91* | — |
| Old People's Homes .. | 244 | 1,742 | 234 | 7.4 | 381 | 1,414 | 154 | 9.2 |
| Total .. .. .. | 1,054 | 4,886 | 727 | 6.7 | 1,262 | 4,864 | 635 | 7.7 |

* A nominal figure based on 5 domiciliary treatments per 3-hour "session"

## Chiropody at Old People's Clubs

| Club | Organiser | Chiropodist | Time of clinic | No. of patients | Treat-ments | Sessions | Av. treatments per session |
|---|---|---|---|---|---|---|---|
| All Saints, New High Street, Headington | Mrs. Lockey, 15 Lyndworth Close | Mr. Whatmore | Monday 2.30—5.30 (monthly) | 24 | 79 | 14 | 5.7 |
| Silver Thread, Northway Community Centre | Miss Moss, S.R.N. 33 Gipsy Lane | Mr. Whatmore | Monday 2.30—5.30 (monthly) | 25 | 88 | 13 | 6.8 |
| Golden Circle, Blackbird Leys Community Centre | Mrs. Phelps, 4 Pegasus Road | Mr. Whatmore | Wednesday 2.30—5.30 (fortnightly) | 60 | 204 | 24 | 8.5 |
| Headington Community Centre, Gladstone Road | Miss D. Bennett, Flat 14, Cherwell Lodge | Mr. Whatmore | Thursday 2.30—5.30 (fortnightly) | 33 | 119 | 17 | 7 |
| Silver Threads, Community Centre, Lake Street | Mrs. Bull, 120 Wytham Street, Hinksey | Mr. Whatmore | Wednesday 2.30—5.30 (fortnightly) | 46 | 190 | 24 | 8 |
| *Cuttleslowe Community Centre, Wolsey Road | Mrs. Wilcher, 12 Staunton Road | Mr. Whatmore | | 23 | 42 | 8 | 5 |
| South Parade Clinic, Summertown | | Mr. Whatmore | Tuesday 9—12.30 a.m. (weekly) | 6 | 124 | 14 | 8.9 |
| Regal Residents Hall, Shelley Road, Cowley | Miss D. N. Parr, 17 Northmoor Road | Miss Cooper | Monday 2.30—5 p.m. (fortnightly) | 40 | 170 | 22 | 7.7 |
| Beveridge House, Woodfarm Estate | Mr. J. Wright, Beveridge House | Miss Cooper | Thursday 4—6 p.m. (fortnightly) | 56 | 245 | 24 | 10 |

**Chiropody at Old People's Club** (*Cont'd.*)

| Club | Organiser | Chiropodist | Time of clinic | No. of patients | Treatments | Sessions | Av. treatments per session |
|---|---|---|---|---|---|---|---|
| Rosehill Community Centre, The Oval, Rosehill | Mrs. Eeley, 11 Howard Street | Miss Cooper | Tuesday 3—5 (weekly) | 56 | 342 | 44 | 7.7 |
| *Red Cross 101 Banbury Road | Mrs. Osborne King, 6 Apsley Road | Miss Cooper | | 32 | 169 | 18 | 9.2 |
| *Wolvercote Village Hall | Mrs. Osborne King, 6 Apsley Road | Miss Cooper | | 8 | 55 | 9 | 6 |
| Senior Citizens Club, George Street | Mrs. E. Smith, 1 Pinnocks Way Botley | Mr. Brady | Wednesday, 2.30—5 p.m. (weekly) | 84 | 251 | 37 | 6.7 |
| Cowley Friendship Club, Congregational Hall, Temple Cowley | Mrs. K. Lewis, 58 White Road, Cowley | Mr. McGarrity | Wednesday 2.15—5 p.m. (weekly) | 65 | 331 | 47 | 7 |
| | | Totals | | 558 | 2,409 | 315 | 7.6 |

*These three clubs were closed, and formed the South Parade Clinic from 24th September, 1968.

## (I) DOMICILIARY RENAL DIALYSIS

(Dr. V. Hollyhock)

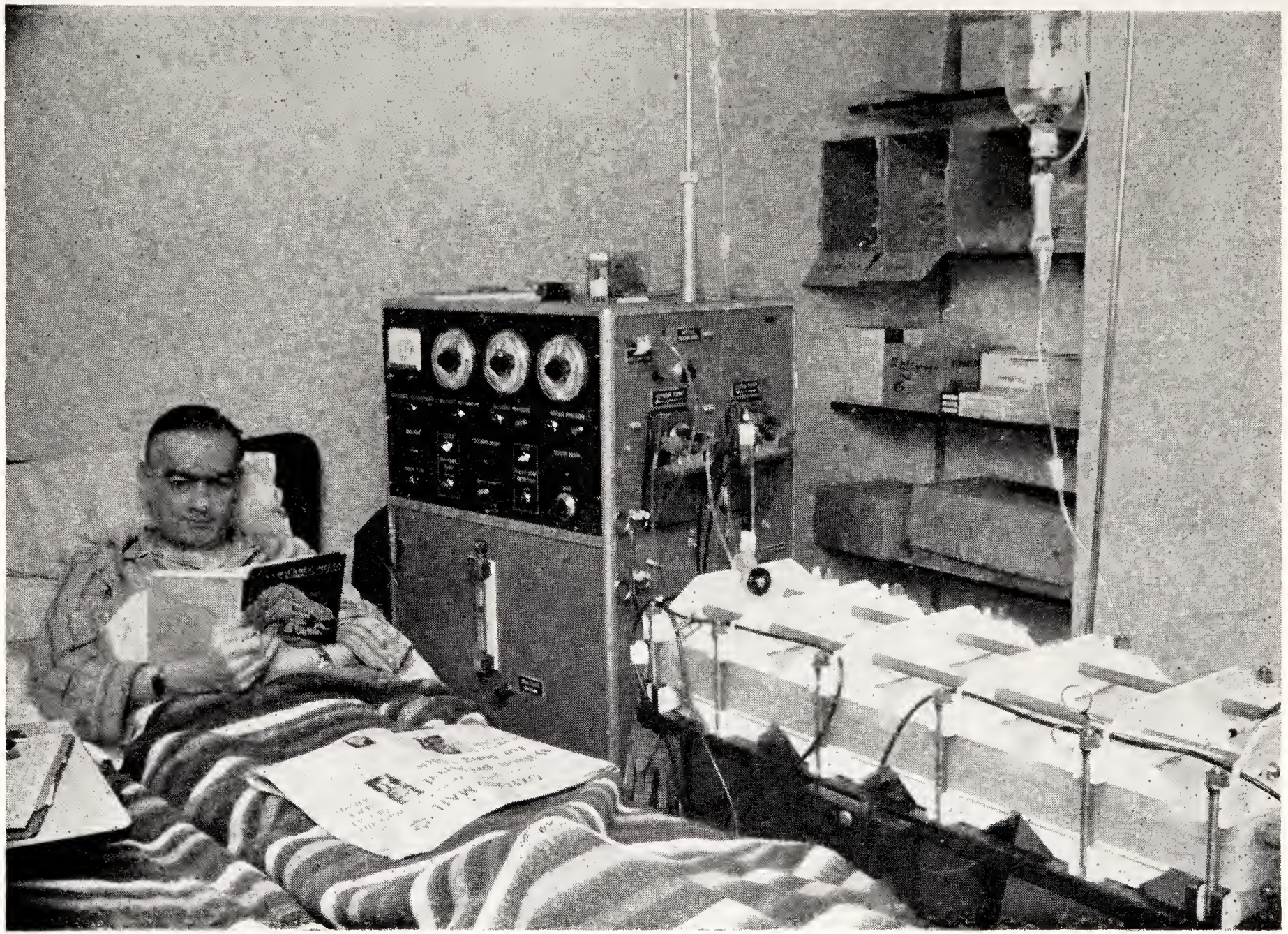
Dialysis is the process by which harmful substances dissolved in the blood may be removed. The blood is passed on one side of a semi-permeable membrane and the harmful chemicals diffuse through into a special solution on the other side. Patients who develop kidney failure are unable to get rid of their harmful waste products which therefore accumulate in the blood. The waste products can be removed by dialysis, the patient's blood being passed through a special dialysing machine, usually referred to as an artificial kidney because it performs the functions of the patient's own kidneys. A harmful accumulation of waste products can be prevented by dialysing the patient at regular intervals, and so maintaining him in reasonable health and able to work.

Renal dialysis was first developed in the 1950's and was only carried out in special hospital units. At first the machines were very large and cumbersome and required a team of doctors, nurses, bio-chemists and laboratory technicians, constantly watching and carrying out adjustments. In the early days the treatment was frequently not successful, but as a result of improved techniques patients can now be maintained in health for many years by means of regular dialysis.

The machines are smaller, and patients can be taught, with the aid of a willing relative, to operate them in their own homes. There are several advantages of home treatment including living a more normal life, less risk of infection and allowing more patients to be treated in the available hospital beds. With the feasibility of home dialysis treatment firmly established the Department of Health circularised local authorities in 1968, to the effect that conversions of or additions to domestic premises for this purpose could be carried out under section 28 of the National Health Service Act, 1946. Approval was also given to the Council making charges, having regard to the means of the person concerned.

It is necessary to provide a room large enough for a single bed plus the dialysis equipment. There must be a sink with a good supply of water and the walls and ceiling of the room should be impervious and washable. Special storage space for a months supply of dressings and containers of concentrated fluids should be available. There may be a need for additional electrical wiring, plumbing to the sink and waterproof covering to the floor. Adequate drainage is essential and might involve some adaptation. The hospital authorities provide and maintain the haemodialysis equipment, pay for the extra cost of electricity and for the installation and rental of a telephone. This latter should be in the dialysis room and enables medical aid to be summoned from the hospital at any time of the day or night.

The hospital authorities train the patient and a relative. In Oxford this training is started at the dialysis unit in the Churchill Hospital and takes some four to six weeks. During this period the necessary adapta-



DOMICILIARY RENAL DIALYSIS

DOMICILIARY RENAL DIALYSIS

tions to the home are made. Treatment at home is supervised by hospital staff until the patient and his relative are completely "au fait" with the procedure. Renal dialysis is usually carried out at night three times a week.

It is estimated that there are likely to be 4—6 persons per 100,000 of the population suitable for domiciliary renal dialysis each year. So far in Oxford there have been two cases both of whom are now well established on the regime. The following brief account by one of these patients amply confirms the value of this method of treatment.

"A great deal of emphasis has rightly been placed on the life-saving aspect of artificial kidney machines, but the development of home dialysis has meant much more than this. It not only restores patients to near normal health but enables them to take their places again as useful members of society. It is this that gives them the incentive to master the intricacies of the dialysis equipment.

In my own case I was admitted to the Churchill Hospital Haemodialysis Unit shortly before I would have become unfit for work. After eleven weeks' training a machine was installed in my home and two weeks later I returned to work. For the last seven months I have been able to carry out a full-time job and to lead a reasonably active social life without any strain or ill-effects.

Successful dialysis depends to a great extent on regular treatment. Patients at home have the full support of the hospital unit and a bedside telephone can bring medical or technical advice without delay. But the onus for maintaining regular treatment is on the patient. Some domestic re-organisation is inevitable—a bedroom has to be set aside exclusively for dialysis and on the three nights a week when treatment takes place a responsible member of the patient's family has to be available to assist in connecting him to the machine. But with co-operation and goodwill the kidney machine process soon becomes a part of the household routine, and the work involved in preparing and maintaining the equipment is a small price to pay for good health and a return to normal life."

## (m) HOUSING ALLOCATION ON MEDICAL GROUNDS

(Dr. V. Hollyhock)

Early in the year the Housing Committee increased from 25 to 35 the number of permanent dwellings per year which could be reserved for cases with medical priority or hardship which were not adequately covered by the points scheme. In October there was a welcome further increase of up to 50 such houses a year. There is now no intention of rehousing any more people temporarily in Slade Park. A Housing Sub-Committee which meets monthly considers cases which have been recommended for rehousing on medical or hardship grounds.

The family doctor of an applicant, or occasionally a hospital Consultant, gives the medical evidence for rehousing and this is passed to the Medical Officer of Health for consideration. The health visitor attached to the practice concerned then makes an assessment of all the housing and social considerations, and completes a standard form. On receipt of this information the appropriate Senior Medical Officer decides which cases to accept for recommendation and then grades these into low, intermediate or high priority. Before reaching a decision the Senior Medical Officer may discuss the case with the referring medical practitioner and if still in doubt may make a personal visit to the applicant. Medical priority is based on risk to life, danger to health and severe hardship in that order. Cases with high priority are usually rehoused as soon as suitable accommodation becomes available and those with intermediate priority are rehoused within a few months. Low priority recommendations do not usually result in early approval for rehousing, but give the committee notice of such cases and may allow some alternative action. Applications are considered in the light of the total family set-up as well as the medical condition of the individual applicant.

**Cases investigated**

| | 1968 | 1967 | 1966 |
|---|---|---|---|
| Applications received .. .. .. .. | 148 | 166 | 128 |
| Recommended for rehousing .. .. | 116 | 123 | 76 |
| Not recommended .. .. .. .. | 27 | 17 | 37 |
| Applications withdrawn or dealt with by another procedure.. .. .. .. | 5 | 26 | 15 |

**Priority of cases recommended for rehousing**

| | 1968 | 1697 | 1966 |
|---|---|---|---|
| Low priority .. .. .. .. .. | 65 | 70 | 38 |
| Intermediate .. .. .. .. .. | 46 | 48 | 34 |
| High .. .. .. .. .. .. | 5 | 5 | 4 |

During the year the Housing Sub-Committee considered 126 cases, which included some deferred for various reasons on first consideration.

**Recommendations of the Housing Sub-Committee**

| | |
|---|---|
| Offered permanent accommodation .. .. .. .. | 51 |
| Offered temporary accommodation .. .. .. .. | 12 |
| Deferred .. .. .. .. .. .. .. .. | 36 |
| Rejected .. .. .. .. .. .. .. .. | 26 |
| Applicant made alternative arrangements .. .. .. | 1 |
| Total .. | 126 |

## (n) NURSING HOMES
(Dr. Vera Hollyhock)

**The Register**

At 31st December, 1968, the Homes on the Register were as follows:—

| Home | No. of beds | General Purpose | Year of Registration |
|---|---|---|---|
| Acland | 30 | Acute medical and surgical cases. | Re-registered November 1962, under the Management of the Nuffield Nursing Homes Trust. |
| St. John's, St. Mary's Road | 61 | Elderly, frail and chronic sick women. | 1950. |
| St. Luke's, Linton Road | 47 | Convalescence and rehabilitation, usually for not more than 8 weeks and elderly frail for long term care. | Re-registered 1967. |

St. John's Home has been amalgamated with another Anglican Home and is now able to accommodate patients up to the number for which it is registered.

Six visits were made for formal inspection under the Public Health Act.

## (o) AID IN SICKNESS CHARITIES
(Dr. Vera Hollyhock)

The Medical Officer of Health is represented on the Committee of the Charity which provides aid under three main headings.

**1. Domiciliary Physiotherapy**

A full-time physiotherapist is employed to give domiciliary treatment to patients who are unable, by reason of health, to make regular visits to hospital, and who for financial or other reasons cannot afford to employ a private physiotherapist. Introduction is through the family doctor. This service is of great value in the early treatment of chest infections, some forms of muscular and joint disease and cerebrovascular accidents.

During the year 53 new patients were accepted. The total number of patients was 80 and these were given 1,323 treatments. The average cost per treatment has risen to £1 6s. 2d. and patients are encouraged to make a donation towards this.

**2. The Lying-in-Charity**

A grant of £15 was made to cover the cost of providing disposable napkins for a young mother suffering from multiple sclerosis which made it very difficult for her to use and launder ordinary napkins for her baby.

### 3. Other Charitable Grants

The Charity has three night storage heaters for loan to persons in need of heating but whose means are such that they cannot afford adequate heating appliances themselves.

# SECTION IV

## INFECTIOUS DISEASES

Report by Dr. R. P. Ryan,
M.B., B.S., D.P.H.
Deputy Medical Officer of Health

## (a) EPIDEMIOLOGY

On 1st October the Public Health (Infectious Diseases) Regulations, 1968, came into force. The regulations were made under sections 47—49 of the Health Services and Public Health Act, 1968, which revised the law relating to the notification of infectious disease. As a result the following diseases are no longer notifiable:—

Acute influenzal pneumonia
Acute primary pneumonia
Erysipelas
Membranous croup
Puerperal pyrexia.

Infective jaundice, formerly notifiable by local arrangement in Oxford and certain other places, and which became notifiable nationally on 15th June is continued in the new regulations. In addition, tetanus, leptospirosis and yellow fever became notifiable for the first time. The fee for notification was raised for the first time this century and 5/- is now payable whether the case occurs at home or in a hospital or other residential institution.

### Streptococcal Infections

Twenty-nine sporadic cases of scarlet fever occurred throughout the year. Before 1st October, 4 cases of erysipelas were notified; 3 being persons over 65 years old.

### Whooping Cough

Seventy-eight notifications of whooping cough were made, compared with 180 last year. Forty-four cases occurred in January and February; after that, the incidence diminished, and only 8 notifications were received in the second half of the year.

### Diphtheria and Poliomyelitis

No case of either disease was notified.

**Measles**

The incidence of measles continues to fall, 306 cases being notified this year (254 in the second half) compared with 321 in 1967. During the eight years 1959—66 there were on average 1,426 cases of measles during an epidemic year, and 392 cases during the intervening years. The last epidemic year in Oxford was 1965, when 1,285 cases were reported. Measles vaccination started soon afterwards (in May 1966), and has successfully interrupted the biennual epidemic cycle. The effectiveness of vaccination is also shown by the fact that only 19 (6.2%) of the 306 cases notified had been vaccinated.

**Meningococcal Infection**

One case of meningococcal meningitis was notified in an infant.

**Bacillary Dysentery**

Two cases of Flexner dysentery were notified. One patient was a ten-year-old girl who arrived in this country from India at the end of August. She was taken ill very shortly after her arrival. She and her parents were sharing a house with four other families. All of the other occupants of the household submitted specimens of stool for examination, from none of which was Shigella flexneri isolated. However, a sixty-year old woman, unrelated to the patient, was found to be a symptomless carrier of Salmonella typhi. All other members of the household were then given T.A.B. vaccination and their occupations were checked. Those of them who went out to work were employed outside the City and their employers and the Medical Officer of Health of the district, were informed. Attempts to eradicate the organism by treating the infected woman with antibiotics were unsuccessful, and she and the whole household are being kept under surveillance.

The other case of Flexner dysentery was a soldier of the Arab Legion, a casualty of the six-day war, who came to Oxford for plastic surgery. He was found to be excreting the organism on arrival.

One hundred and four cases of Sonne dysentery were notified. In many instances there was more than one case in a household, but there was only one general outbreak. This occurred at one of the City day nurseries at the end of January and early February. Eleven children were infected, and one member of the staff, a seventeen year old nursery student. None of the children was seriously affected. Apart from this episode, the cases of dysentery occurred sporadically throughout the year and throughout the City.

**Typhoid and paratyphoid Fevers**

Paratyphoid fever was notified twice. A Professor from a Canadian University who had been on holiday in Spain and the south of France came to Oxford on 28th August. He had had a pyrexial illness while

on the continent, which returned after his arrival in this country. He was admitted to hospital on 10th September and his illness subsided without specific therapy, but Salmonella paratyphi B was cultured from a specimen of stool collected on 16th September. He returned to Canada at the end of the month and the Canadian authorities undertook further surveillance. None of his contacts in Oxford was affected.

A student at the Institute of Education arrived in this country from Pakistan at the end of September. During the first few days in October, he began to suffer from pyrexia, for the investigation of which, he was admitted to hospital on the 19th October. Salmonella paratyphi A was cultured from his stool and he had raised agglutination titres to the organism. He was treated with antibiotics and was subsequently allowed to return to his lodgings, after three negative specimens of stool had been obtained. None of his immediate contacts was affected.

No case of typhoid fever was notified, but one carrier of Salmonella typhi was discovered by chance (see under Bacillary Dysentery).

**Food Poisoning**

There were 210 cases of food poisoning, but most occurred in two general outbreaks, one affecting an old people's home and the other two schools which were served by the same kitchen. There were two smaller general outbreaks, and the remaining cases occurred singly or were confined to one household.

At about 10.30 p.m. on 31st January, some of the residents at an old people's home began to suffer from abdominal pain and cramps, with diarrhoea. More were taken ill during the night, and by 7.0 a.m. next day, 30 residents out of 59 were affected. No further cases occurred after that. Most of those taken ill had recovered by breakfast time on 1st February. Only three of them had vomited, but more had felt sick.

All the 30 affected residents had taken all their meals at the home on 30th and 31st January except for five, who had had an ice cream while at a matinee performance of a pantomime on 31st January. No member of the staff was taken ill. All the residents, affected or not, had had sausage and Yorkshire pudding for lunch on 31st January. None of the staff had taken this, although they had had the rest of the meal, including gravy, and custard. Samples of most of the foods served on 31st January were still available when the outbreak was investigated on the following day. No organism was cultured from the specimens of food, nor from specimens of stool from the members of the staff or the affected residents.

The clinical features of the outbreak suggested food poisoning due to Clostridium welchii, but bacteriological confirmation of this diagnosis was not obtained.

An outbreak of food poisoning definitely attributable to Clostridium welchii occurred at two schools on 20th May. The schools both had their meals prepared in the same kitchen. On the morning of Friday, 17th May,

several large joints of meat (about 8 lb. each) were cooked. They were allowed to cool slowly between 2.0 p.m. on that day and at 12.0 noon on the next day, when they were put into a refrigerator. The meat was brought out, sliced and eaten cold for the school dinners on Monday 20th May. Shortly before midnight, pupils and staff members at the two schools began to suffer from abdominal pain and diarrhoea. By the next morning, 147 persons were affected. The symptoms did not last long and the schools were back to normal by Wednesday, 22nd May. Clostridium welchi was grown from meat left over from the meal and from the stools of several affected persons. Advice was given to the catering staff on how to avoid outbreaks of this kind in future.

Three boys attending an independent boarding school suffered an attack of gastro-enteritis early in June, Salmonella enteritidis was grown from their stools. One of these boys admitted a clandestine visit to a tavern in the town before the onset of his symptoms. Salmonella enteritidis was also grown from the stool of a lady living in another part of the town who was similarly afflicted after a visit to the tavern ten days before the schoolboy. The organisms were all of the same phage type. The tavern in question was visited, specimens of food were obtained and swabs taken, and specimens of stool obtained from food handlers, but the source of the infection was not discovered.

A small outbreak of infection with Salmonella typhi-murium occurred in the premature baby unit of one of the City hospitals. The organism appeared to have been introduced by a woman from outside the City who was admitted to hospital for delivery. She had a history of gastro-enteritis and was found to be excreting the organism. Her baby and two others were infected. Extensive investigations were made at the hospital; no other cases occurred. All the infected babies made satisfactory recoveries.

Of the remaining cases, six occurred in one household which had recently returned from a holiday in Spain and France. All were infected with Salmonella kaapstad and one was also found to be excreting Salmonella anatum.

The table below gives details of the organisms causing food poisoning in 1968.

## Particulars of Outbreaks

| Causative agent | General outbreaks | | Family outbreaks | | Sporadic cases notified or ascertained | Total Cases |
|---|---|---|---|---|---|---|
| | No. of separate outbreaks | No. of cases notified or ascertained | No. of separate outbreaks | No. of cases notified or ascertained | | |
| Salmonella: | | | | | | |
| (*a*) anatum | — | — | — | 1* | — | 1 |
| (*b*) anatum and kaapstad | — | — | — | 1* | — | 1 |
| (*c*) enteriditis | 1 | 4 | — | — | 2 | 6 |
| (*d*) kaapstad | — | — | 1 | 4* | — | 4 |
| (*e*) thompson | — | — | — | — | 3 | 3 |
| (*f*) typhi-murium | 1 | 3 | 2 | 6 | 5 | 14 |
| Cl. welchii | 2 | 177 | — | — | — | 177 |
| Staphylococci | — | — | 1 | 2 | 1 | 3 |
| Cause unknown | — | — | — | — | 1 | 1 |
| | 4 | 184 | 4 | 14 | 12 | 210 |

* Connected with same outbreak.

**Leprosy**

The state of the leprosy register did not change during 1968. On 31st December the same two patients, a man now aged 33 years and a woman now aged 35 years, were on it. Both patients were having out-patient hospital care.

**Infective Hepatitis**

Infective hepatitis, notifiable in Oxford from 1st January, 1967, became nationally notifiable on 15th June, 1968 as "Infective Jaundice.' Twenty-six cases were notified throughout the year, all being sporadic, except for one family outbreak affecting two brothers.

As infective jaundice is a well recognised complication of unsterile injections, enquiries were made as a routine about the possibility of the notified cases being the result of the non-therapeutic administration of drugs. Two of the patients, both men in their early twenties, were found to have a history of self-administered injections.

**Glandular Fever**

There were 98 cases of glandular fever (56 male, 42 female) compared with 85 notifications last year, when this disease became notifiable for the first time. The incidence was again higher in men than in women and occurred predominantly in the age group 15—34 years. Six patients were under 15 years of age and only one was over 35. August was once more the month with the lowest incidence (2 cases), as there are relatively few students in residence in the City during the summer vacation. The junior members of the University have a particular susceptibility to this infection; 34 cases occurred amongst them this year. There were 16 cases among the junior nursing staff of the United Oxford Hospitals.

## Notifiable infectious diseases since 1949

| Disease | 1949 | 1950 | 1951 | 1952 | 1953 | 1954 | 1955 | 1956 | 1957 | 1958 | 1959 | 1960 | 1961 | 1962 | 1963 | 1964 | 1965 | 1966 | 1967 | 1968 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Smallpox | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Scarlet Fever | 115 | 39 | 76 | 102 | 136 | 35 | 23 | 24 | 29 | 56 | 94 | 118 | 56 | 70 | 37 | 23 | 14 | 13 | 38 | 29 |
| *Erysipelas | 33 | 24 | 15 | 18 | 20 | 21 | 16 | 1 | 10 | 10 | 8 | 13 | 17 | 8 | 12 | 7 | 8 | 12 | — | 4 |
| *Puerperal Pyrexia | 77 | 53 | 64 | 126 | 117 | 105 | 149 | 116 | 93 | 100 | 47 | 47 | 41 | 26 | 41 | 78 | 37 | 17 | 8 | 11 |
| Ophthalmia neonatorum | 83 | 18 | 13 | 18 | 47 | 47 | 37 | 64 | 64 | 50 | 14 | 18 | 18 | 4 | 1 | 2 | 1 | — | 3 | 6 |
| Pemphigus neonatorum | 9 | 2 | 3 | 1 | 2 | — | 1 | — | 1 | — | 1 | 2 | 2 | — | — | — | — | — | — | — |
| Diphtheria | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Measles | 1141 | 986 | 1294 | 461 | 2376 | 13 | 1001 | 888 | 1220 | 139 | 1117 | 409 | 1711 | 429 | 1593 | 280 | 1285 | 449 | 321 | 306 |
| Whooping Cough | 240 | 586 | 741 | 71 | 367 | 302 | 90 | 29 | 213 | 23 | 40 | 55 | 80 | 2 | 41 | 87 | 21 | 33 | 180 | 78 |
| *Pneumonia | 76 | 79 | 96 | 64 | 91 | 71 | 81 | 65 | 71 | 51 | 56 | 22 | 34 | 22 | 38 | 16 | 11 | 11 | 22 | 14 |
| Poliomyelitis— | | | | | | | | | | | | | | | | | | | | |
| Paralytic | 19 | 7 | 4 | 4 | 6 | 2 | 13 | 1 | 6 | 1 | — | — | 1 | — | — | — | — | — | 1 | — |
| Non-Paralytic | | 1 | — | — | — | — | 3 | 1 | — | — | — | — | — | — | — | — | — | — | — | — |
| Acute Encephalitis— | | | | | | | | | | | | | | | | | | | | |
| Infective | — | 1 | 1 | — | 1 | 1 | — | — | — | — | — | — | — | — | — | 1 | — | — | — | — |
| Post-infectious | — | — | 1 | — | — | — | — | 4 | — | — | — | — | 1 | — | 1 | — | 1 | 1 | 1 | — |
| Meningococcal infection | 2 | — | 4 | 2 | 5 | 3 | 6 | — | 2 | 3 | 2 | 2 | 3 | — | — | 1 | — | 3 | 1 | 1 |
| Typhoid Fever | — | 2 | — | — | — | — | 1 | 1 | — | — | 1 | — | — | 1 | 1 | — | — | 2 | 1 | — |
| Paratyphoid | — | 2 | — | — | — | 2 | 2 | — | — | — | 2 | 2 | 1 | — | 2 | 1 | — | — | 1 | 2 |
| Bacillary Dysentery | 16 | 30 | 255 | 68 | 79 | 233 | 66 | 526 | 127 | 28 | 90 | 125 | 101 | 20 | 68 | 79 | 116 | 50 | 79 | 106 |
| Amoebic Dysentery | — | — | — | — | — | — | — | 1 | — | — | — | — | — | — | — | 1 | — | 1 | — | — |
| Food Poisoning | 27 | 10 | 21 | 40 | 25 | 37 | 119 | 154 | 21 | 72 | 26 | 23 | 6 | 13 | 100 | 39 | 68 | 11 | 7 | 210 |
| Infective Hepatitis | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 28 | 26 |
| Glandular Fever | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 85 | 98 |

*Ceased to be notifiable w.e.f. 1st October, 1968.

## Age and Ward of all notified infectious diseases in 1968

| Notifiable Diseases | Cases notified in whole district Ages in years | | | | | | | | | | | | | Total number of cases in each ward | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | At all ages | Under 1 yr. | 1- | 2- | 3- | 4- | 5- | 10- | 15- | 20- | 35- | 45- | 65- | S'town and W'cote | North | West | South | East | H'ton and M'ton | Cowley and Iffley | Black-bird Leys |
| Scarlet fever | 29 | — | 2 | 1 | 4 | 2 | 14 | 4 | 2 | — | — | — | — | 1 | — | — | 1 | 3 | 12 | 5 | 7 |
| Erysipelas | 4 | — | — | — | — | — | — | — | — | 1 | — | — | 3 | 1 | 1 | — | — | 1 | — | 1 | — |
| Puerperal pyrexia | 11 | — | — | — | — | — | — | — | 2 | 8 | 1 | — | — | 1 | 10 | — | — | — | — | — | — |
| Ophthalmia neonatorum | 6 | 6 | — | — | — | — | — | — | — | — | — | — | — | — | 4 | — | — | — | 2 | — | — |
| Measles | 306 | 12 | 22 | 25 | 44 | 56 | 131 | 7 | 3 | 6 | — | — | — | 16 | 4 | 11 | 4 | 37 | 91 | 79 | 64 |
| Whooping cough | 78 | 14 | 5 | 15 | 8 | 6 | 23 | 5 | 1 | 1 | — | — | — | 5 | 4 | 2 | 1 | 10 | 26 | 16 | 14 |
| Pneumonia | 14 | — | — | — | — | — | — | 1 | 2 | 3 | — | 2 | 6 | 5 | 5 | 1 | 1 | 1 | 1 | — | — |
| Meningococcal infection | 1 | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 |
| Paratyphoid | 2 | — | — | — | — | — | — | — | — | 2 | — | — | — | — | 1 | 1 | — | — | — | — | — |
| Bacillary dysentery | 106 | 4 | 10 | 18 | 6 | 9 | 24 | 4 | 7 | 15 | 5 | 4 | — | 18 | 3 | 12 | 5 | 23 | 14 | 21 | 10 |
| Food poisoning | 210 | 4 | — | 1 | 1 | — | 7 | 128 | 15 | 5 | 12 | 7 | 30 | 6 | 12 | 3 | 2 | — | 4 | 179 | 4 |
| Infective hepatitis | 26 | — | — | — | — | — | 1 | 2 | 6 | 14 | — | 2 | 1 | 3 | 11 | 2 | 4 | 3 | — | 2 | 1 |
| Glandular fever | 98 | — | — | — | — | — | 2 | 4 | 40 | 51 | — | 1 | — | 16 | 48 | 8 | 9 | — | 8 | 5 | 4 |
| | 891 | 41 | 39 | 60 | 63 | 73 | 202 | 155 | 78 | 106 | 18 | 16 | 40 | 72 | 103 | 40 | 27 | 78 | 158 | 308 | 105 |

## CASES OF INFECTIOUS DISEASES NOTIFIED FROM HOSPITALS

| | Radcliffe Infirmary | Slade Hospital |
|---|---|---|
| Puerperal pyrexia .. .. .. .. | 10 | — |
| Ophthalmia neonatorum .. .. .. | 4 | 2 |
| Measles .. .. .. .. .. | — | 2 |
| Whooping cough .. .. .. .. | — | 6 |
| Paratyphoid A .. .. .. .. | 1 | — |
| Bacillary dysentery .. .. .. .. | 1 | 11 |
| Food poisoning .. .. .. .. | 6 | — |
| Infective hepatitis .. .. .. .. | 2 | 5 |
| Glandular fever .. .. .. .. | 15 | 10 |
| | 39 | 36 |

### (b) THE SLADE HOSPITAL. Infectious Diseases Department

The arrangement by which the Medical Officer of Health, with the assistance of his Deputy, is responsible to the Board of Governors of the United Oxford Hospitals for the clinical control of the infectious diseases patients at the Slade Hospital has continued to be of the greatest value to all concerned.

Dr. Audrey J. E. Flower, M.B., B.S., D.C.H., Resident Medical Officer, resigned in August, and the following Report, included by reason of the fact that the infectious diseases patients at the Slade Hospital are so very closely connected with the epidemiological work of the Health Department, has been prepared by her successor, Dr. B. W. Lewis, M.B., B.S., D.C.H.

"The total number of admissions was 351. This is 33 fewer than the previous year and 60 fewer than in 1966. Children (under 15 years) constituted 205 admissions and adults 146.

The general pattern of admissions was similar to that in 1967. Once again, non-specific gastro-enteritis was the most common illness. Measles, however, was relegated to seventh place in the "league table". This can be attributed to the epidemic periodicity of measles, 1968 being a "quiet" year, and also, possibly, to measles vaccination.

The number of cases of non-specific gastro-enteritis in children shows almost a threefold increase, 75% being under two years and 40% less than one year of age. The homes from which they were admitted were distributed fairly evenly over the hospital's wide catchment area. Most occurred in the winter and early spring, 75% being admitted in the first four months of the year. About 25% had evidence of preceding or coincident upper respiratory tract infection.

Glandular fever was a relatively common disease. Most of the patients were undergraduates, the reasons for admission being mainly social. One patient developed a cerebellar encephalitis as a complication of this disease. The Paul-Bunnell reaction was negative, in spite of a firm clinical diagnosis, in four cases out of the twenty-six cases.

Shigella sonnei was the commonest cause of dysentery, this organism being isolated in twelve cases and Shigella flexneri in two. There was a single case of paratyphoid. A visiting Professor, who had been travelling extensively in Europe, at times under rather primitive conditions, developed a pyrexia shortly after arriving in Oxford. No symptoms referrable to the gastro-intestinal tract were noted but salmonella paratyphi B was isolated from his stool. He recovered without treatment. Salmonella typhi-murium was isolated from three patients, all of whom were linked epidemiologically. The first patient was a seven-month-old child from Blackbird Leys whose father and two siblings were found to be carrying the same organism. This family had visited the father's sister and family at Wallingford ten days previously. The Wallingford family were just recovering from gastro-enteritis which they presumed they had contracted from a neighbour's child. Five days after admission of the first case, the Wallingford mother was delivered of a premature baby at the Nuffield Maternity Home. This infant became ill with septicaemia due to salmonella typhi-murium at three days. The mother was transferred to the Slade Hospital but no pathogens were isolated from her stools. Her infant and another baby, who became infected with the same organism at the Nuffield Maternity Home, were transferred to the Slade later where they made satisfactory progress. There was one case of salmonella enteritidis.

There was one case of gonococcal ophthalmia neonatorum. This infant's mother was also admitted, for treatment of a severe gonoccocal vaginitis.

The trial of idoxuridine in herpes zoster, mentioned in last year's report, was completed but results are not yet available. Of the nine cases of herpes zoster admitted, the ophthalmic division of the trigeminal nerve was involved in three, thoracic nerve roots in two, lumbar nerve roots in two (one had a mild encephalitis), sacral nerve roots in one, and the remaining patient had the Ramsay-Hunt syndrome which presented with involvement of the mandibular division of the trigeminal nerve, from which a facial nerve palsy developed.

No complications arose in any of the four cases of mumps. Two children were transferred from the Nuffield Orthopaedic Centre where they had been in adjacent beds and one child with Von Willebrands disease developed mumps while undergoing treatment at the Haemophilia Centre.

Thirteen cases of measles occurred in children under five years (only one being under two). Respiratory complications occurred in eight cases and one child developed a transient synovitis of the hip. None of the

patients had been vaccinated against measles. Four children lived in Oxford.

Nine of the 15 children with whooping cough were under one year of age. Pneumonia complicated the disease in five children, all of whom were over two years. One baby of six weeks had a series of apnoeic attacks which required continuous intubation and mechanical ventilation for a few hours. Only three patients had been vaccinated against whooping cough. Seven children lived in Oxford. Bordetella pertussis was isolated only once.

There was one case of meningococcal meningitis. The other cases of meningitis were of presumed viral aetiology. E.C.H.O. virus was established as the causative organism in two instances.

Out of 13 cases of hepatitis, three occurred in young drug addicts. One girl had shared a syringe and needle for injecting heroin with another girl who had been admitted at the end of 1967 with serum hepatitis. A young man had shared a syringe for injecting methedrine with another addict who had been jaundiced one month previously. The third patient stated that he only used cannabis and L.S.D., and he could have been a case of the more usual infective hepatitis.

Among the many interesting cases was one of plasmodium ovale malaria. The patient had returned from Nigeria five weeks previously and had not continued his malaria prophylaxis for a sufficiently long period after leaving the malarial zone.

A severe leptospiral infection was diagnosed in a herdsman who was digging out ditches two weeks before his illness. He had acute renal failure but made a satisfactory recovery with conservative treatment. Another herdsman presented with classical symptoms and signs of brucellosis. There had been six abortions among his herd in the last three months, the latest being two weeks before admission. Brucella agglutination reaction was positive to a very high titre. The brucella organism was not isolated but he was treated for brucellosis and made an uneventful recovery.

A child with an unusual mycoplasma pneumoniae infection was the subject of an annotation in the British Medical Journal (18th January 1969, p. 185).

Seven children were admitted following ingestion of poisons. These children were transferred from the Casualty Department of the Radcliffe Infirmary following gastric lavage as they were either suffering from or had been in contact with infectious diseases. The poisons ingested included deadly nightshade, film developer and iodine.

Two deaths occurred. Both were infants with gastro-enteritis, one aged nine months and the other five months. There was a short history of severe diarrhoea, and death occurred within minutes of admission in both cases. Post-mortem examination revealed little, other than gross dehydration.

**Summary of Admissions to the Infectious Diseases Wards at the Slade Hospital during 1968**

| | *Adults* | *Children* | *Total* |
|---|---|---|---|
| Gastro-enteritis, non specific | 12 | 63 | 75 |
| Glandular fever | 26 | — | 26 |
| Pertussis | — | 15 | 15 |
| Upper respiratory tract infection | 3 | 12 | 15 |
| Chickenpox | 6 | 8 | 14 |
| Dysentery | 3 | 11 | 14 |
| Measles | 1 | 13 | 14 |
| Pneumonia | 6 | 8 | 14 |
| Infective hepatitis | 10 | 3 | 13 |
| Tonsillitis and quinsy | 9 | 4 | 13 |
| Rubella | 11 | — | 11 |
| Herpes simplex infections | 2 | 8 | 10 |
| Herpes zoster | 9 | — | 9 |
| Virus meningitis | 3 | 5 | 8 |
| Urinary tract infection | 5 | 2 | 7 |
| P.U.O. | 3 | 3 | 6 |
| Ophthalmia neonatorum | — | 5 | 5 |
| Laryngo-tracheo-bronchitis | — | 5 | 5 |
| Salmonellosis | 1 | 3 | 4 |
| Mumps | 1 | 3 | 4 |
| E. Coli enteritis | — | 3 | 3 |
| Influenza | 2 | — | 2 |
| Impetigo | — | 2 | 2 |

Miscellaneous single cases included meningococcal infection, staphylococcal septicaemia with endocarditis, viral vestibular neuronitis, epidermal nectolysis, viral pericarditis, paratyphoid B, secondary syphilis, Henoch-Schonlein syndrome, erysipelas and Hodgkin's disease. The many other single cases not specified were due to non-infectious diseases. Five mothers were admitted to accompany their sick children."

## (c) TUBERCULOSIS

The staff engaged in carrying out the duties of the Local Health Authority with regard to Tuberculosis under Section 28 of the National Service Act, 1946, are as follows:—

| | *Proportion of whole-time* |
|---|---|
| Dr. F. Ridehalgh, Consultant Chest Physician to the United Oxford Hospitals | 3/11ths |
| Mrs. D. Hicks, Medical Social Worker, Chest Clinic | 3/11ths |
| Miss G. M. Lawrence and Miss E. Dudson, Tuberculosis Health Visitors each | Half-time |
| 1 Clerk | 3/11ths |

## B.C.G. scheme for the University and Colleges of Further Education

Undergraduates at the University and students at the College of Further Education were encouraged to accept protection against tuberculosis through vaccination with B.C.G. Students were invited to attend Heaf testing and B.C.G. vaccination clinics held at Greyfriars in February and again in November. No members of the College of Technology availed themselves of these invitations.

The figures for attendance of University undergraduates are as follows:—

| | 1968 | | 1967 | | 1966 | |
|---|---|---|---|---|---|---|
| Number attending for Heaf tests . . . . | 201 | | 124 | | 171 | |
| Number attending second session for reading and B.C.G. . . . . | 184 | 91% | 110 | 89% | 154 | 90% |
| Number given B.C.G. . . | 127 | 69% | 76 | 69% | 101 | 65% |
| Number of Heaf positive reactors . . . . . | 57† | 31% | 34* | 31% | 53 | 35% |

* Seven of these students had had B.C.G. previously, so the corrected incidence of unexplained positive Heaf tests was 24%.

† Seven of these students had had B.C.G. previously, so the corrected incidence in this case was 27%.

The follow-up of positive reactors did not reveal any active tuberculosis.

Despite the encouragement of undergraduates by their college doctors to attend these clinics, the response has not been as large as was hoped. The proportion of undergraduates who received B.C.G. at school remains unknown, but as the routine vaccination of 13 year old school children was first recommended in November 1953, and has been carried out in Oxford since 1954, it is to be hoped that the majority of the student population are in fact immune to tuberculosis.

TABLE A.

**New cases and mortality during 1968**

| Age periods | New cases | | | | Deaths | | | |
|---|---|---|---|---|---|---|---|---|
| | Pulmonary | | Non-pulmonary | | Pulmonary | | Non-pulmonary | |
| | Male | Female | Male | Female | Male | Female | Male | Female |
| 0— | — | — | — | — | — | — | — | — |
| 1— | — | — | — | — | — | — | — | — |
| 2—4 | 1 | 1 | — | — | — | — | — | — |
| 5—9 | — | 1 | — | — | — | — | — | — |
| 10—14 | — | 1 | 1 | — | — | — | — | — |
| 15—19 | 2 | — | — | — | — | — | — | — |
| 20—24 | 2 | 1 | 2 | 2 | — | — | — | — |
| 25—34 | 1 | 3 | — | 1 | — | — | — | — |
| 35—44 | 8 | 3 | — | — | — | — | — | — |
| 45—54 | 3 | 2 | — | — | — | — | — | — |
| 55—64 | 5 | 2 | 1 | — | 1 | — | — | — |
| 65—74 | 4 | 3 | — | 1 | — | — | — | — |
| 75 and over | — | — | — | — | — | — | — | — |
| | 26 | 17 | 4 | 4 | 1 | — | — | — |

TABLE B.

**Progress of notification**

| Year | Pulmonary | Non-pulmonary | Total |
|---|---|---|---|
| 1949 | 180 | 18 | 198 |
| 1950 | 113 | 11 | 124 |
| 1951 | 85 | 4 | 89 |
| 1952 | 74 | 10 | 84 |
| 1953 | 101 | 18 | 119 |
| 1954 | 116 | 15 | 131 |
| 1955 | 110 | 22 | 132 |
| 1956 | 94 | 11 | 105 |
| 1957 | 84 | 8 | 92 |
| 1958 | 63 | 7 | 70 |
| 1959 | 66 | 11 | 77 |
| 1960 | 75 | 10 | 85 |
| 1961 | 53 | 7 | 60 |
| 1962 | 71 | 5 | 76 |
| 1963 | 70 | 25 | 95 |
| 1964 | 97 | 17 | 114 |
| 1965 | 71 | 5 | 76 |
| 1966 | 52 | 7 | 59 |
| 1967 | 60 | 8 | 68 |
| 1968 | 43 | 8 | 51 |

Dr. F. Ridehalgh reports as follows:—

The decline in tuberculosis notifications, interrupted in 1967 by the case-finding work of the Mass Radiography Unit, was resumed in 1968. Total notifications of all forms of tuberculosis fell to 51, from 68 in 1967 and 59 in 1966. Respiratory cases fell to 43 (60 and 52 respectively) and non-respiratory remained at 8 (8 and 7).

The non-respiratory notifications include three cases of renal tract involvement, one man, one woman and one child. The other five cases were all in adults; three cervical glands, one inguinal gland abscess in an Indian woman and one hip-joint occurring in a woman over 55 years.

Of the 43 respiratory cases, only three were of primary disease in children, with 24 adult male and 14 adult female cases. There was rather less than the usual excess of older men, with 12 cases in men and 7 in women under 45 years.

Two of the cases of cervical glands were found in native-born students, one male and one female, with one respiratory case in a student of Asian origin. No case of tuberculosis was found in a nurse, but the one case found in a hospital worker was discovered after she had been employed for six months as a diet cook. The rapid turnover of hospital domestic staff makes routine pre-entry checking for tuberculosis troublesome, but it is essential that all hospitals in the Region should accept its importance.

**Tuberculosis in immigrants**

Including the students already mentioned, there were 13 notifications in immigrants, distributed as follows:—

| | |
|---|---|
| Pakistani | 4 |
| Indian | 4 |
| Chinese | 3 |
| Japanese | 1 |
| Spanish | 1 |

The routine skin-testing, x-raying and B.C.G. vaccination of immigrants has continued thanks to the determination of our two health visitors in overcoming problems of language, location and identification. The fall in numbers examined, as in adult immigrant cases, probably reflects a fall in numbers entering the country.

| | |
|---|---|
| Number skin-tested | 123 |
| Negative | 60 |
| Positive | 63 |
| Number vaccinated | 60 |
| X-rayed only | 1 |

One case of active tuberculosis was found on initial examination and a further case in a contact of a Chinese case discovered outside the above routine survey.

**Contacts**

Including the above immigrants, 467 new contacts were examined, and 174 old contacts reviewed. This refers only to actual examinations at the Chest Clinic, and does not include much contact investigation carried out for us at places of work such as the car factories for which figures are not kept. Nine active cases were found in contacts. B.C.G. was given to 297.

**Deaths**

There were 20 deaths of persons on the tuberculosis register. It is quite exceptional to record that in four cases there was active uncontrollable mycobacterial disease. One man of 69 and one of 56 died from M. Kansasii disease totally resistant to chemotherapy, one man of 60 from advanced silico-tuberculosis also totally resistant; the fourth case was in a man of 35 who had been successfully treated for advanced bilateral bronchiectasis some fourteen years ago, had survived a pneumonectomy for aspergillus infection ten years ago and who died from recurrant spontaneous pneumothorax in the remaining lung, with the appearance of tubercle bacilli in the sputum during his last weeks. Four patients died from cardio-respiratory failure directly due to respiratory crippling consequent upon extensive tuberculosis which in all cases had been arrested for many years. The remaining 12 patients died from unrelated causes.

**Bacterial resistance to drugs**

There were in 1968 eight tuberculous patients in Oxford known to be excreting human tubercle bacilli resistant to the standard anti-tuberculosis drugs. The case of silico-tuberculosis died during the year. Another man of 63 has proved most intractable, with sputum continuously positive since 1964 in spite of unceasing efforts using the whole gamut of drugs. A third developed bacterial resistance at the very end of eighteen months standard chemotherapy. It is not thought that there was any failure of co-operation by the patient in either case, and in both cases at the time of writing (February 1969) there are signs that a new drug combination is proving successful. One case in a woman is also responding to treatment with special drugs.

Disease caused by M. Kansasii is a different problem. The epidemiology is not yet clear, but transmission does not seem to occur in the ordinary way. The bacteria are usually highly resistant from the start, at least to Isoniazid, and the most severe chronic fibro-cavernous disease can develop, radiologically quite indistinguishable from ordinary tuberculosis. One man of 69 died as stated in 1968, and an elderly woman with gross lung destruction early in 1969. The third case, also fatal, occurred in a man of 56 who had been treated with complete success for human drug-sensitive tuberculosis some years ago and in whom the Kansasii disease appeared to be a new development.

These cases are few in relation to the main body of uneventful and successful treatment, and so are the patients who develop drug-reactions of one kind and another. They do emphasise, however, that the control of tuberculosis is not just as straightforward as it may seem. New combinations of drugs are being used. Capromycin has been abandoned here because of renal complications. Ethambutol, obviously of great value, is being used cautiously because visual side effects, although rare, apparently reversible, and possibly avoidable by careful dose-control are nevertheless troublesome to detect. Rifampicin, the most recent, seems to show very great promise, but has not yet passed the Dunlop Committee and is being used cautiously in selected cases by pre-arrangement with the manufacturers. All this work with new and second-line drugs depends absolutely on good bacteriology and we are very lucky indeed to get such good service in this field.

The whole success of tuberculosis treatment, the abolition of infectivity and freedom from the risk of relapse depends absolutely on carefully planned chemotherapy carried out without error or omission over a long period. Our health visitors play an essential part in this. Once again, I must record my thanks to my medical colleagues, the health visitors, medical social workers, occupational therapists for their team work, and no less to the office staff who take pride in seeing that the machinery works smoothly and the follow-up is complete. The Care Committee has continued its help in every possible way. A successful Flag Day has averted bankruptcy at any rate for the present. Committee members, patients and members of the Town Clerk's staff all worked very hard to make this a success.

## (d) VENEREAL DISEASES

In connection with Section 28 of the National Health Services Act 1946, relating to the prevention of illness and after-care, the City Council accepts responsibility for 2/11ths of the salary of a medical social worker who spends about a quarter of her time on venereal diseases work.

The following table summarises the work of the clinic held at the Radcliffe Infirmary and compares this year with the three previous years. It should be noted that the figures given in the table includes patients from a wide area around Oxford served by the Radcliffe treatment centre.

| | 1968 | | 1967 | | 1966 | | 1965 | |
|---|---|---|---|---|---|---|---|---|
| | Male | Female | Male | Female | Male | Female | Male | Female |
| Syphilis— | | | | | | | | |
| primary .. .. | 2 | — | 1 | — | — | — | 1 | — |
| secondary .. .. | 3 | — | 7 | — | 5 | — | 1 | — |
| cardio-vascular .. | — | — | — | — | — | — | 2 | — |
| of the nervous system | 1 | — | — | 2 | — | — | — | 1 |
| latent .. .. | 8 | 8 | 9 | 1 | 14 | 4 | 15 | 3 |
| congenital— | | | | | | | | |
| under 1 year .. | — | 1 | — | — | — | — | — | 1 |
| congenital— | | | | | | | | |
| under 15 years .. | — | — | — | — | — | 2 | — | — |
| Total .. .. | 14 | 9 | 17 | 3 | 19 | 6 | 19 | 5 |
| Gonorrhoea .. | 156 | 43 | 107 | 28 | 142 | 32 | 183 | 64 |
| Other conditions .. | 391 | 165 | 378 | 114 | 358 | 148 | 360 | 154 |
| Undiagnosed .. | 4 | 10 | 8 | 6 | 3 | 1 | — | — |
| Total new patients | 565 | 227 | 510 | 151 | 522 | 187 | 562 | 223 |
| Total attendances | 1,795 | 795 | 1,653 | 572 | 1,680 | 663 | 2,021 | 867 |

The incidence of new cases of venereal disease in City residents 1948—1968 is given in the following table:—

| | Males | | Females | |
|---|---|---|---|---|
| | Syphilis | Gonorrhoea | Syphilis | Gonorrhoea |
| 1948 | 7 | 36 | 12 | 7 |
| 1949 | 8 | 17 | 9 | 2 |
| 1950 | 14 | 9 | 9 | 6 |
| 1951 | 8 | 10 | 6 | 3 |
| 1952 | 7 | 25 | 5 | 8 |
| 1953 | 8 | 16 | 3 | 13 |
| 1954 | 6 | 21 | 7 | 13 |
| 1955 | 6 | 27 | 4 | 25 |
| 1956 | 6 | 32 | 8 | 17 |
| 1957 | 7 | 38 | 2 | 12 |
| 1958 | 7 | 62 | 7 | 6 |
| 1959 | 5 | 70 | 1 | 16 |
| 1960 | 4 | 77 | 3 | 14 |
| 1961 | 1 | 104 | 2 | 20 |
| 1962 | 7 | 143 | 9 | 26 |
| 1963 | 10 | 145 | 4 | 40 |
| 1964 | 6 | 125 | 3 | 38 |
| 1965 | 10 | 119 | 5 | 47 |
| 1966 | 13 | 95 | 2 | 24 |
| 1967 | 13 | 64 | 1 | 15 |
| 1968 | 9 | 96 | 6 | 29 |

Dr. P. C. Mallam reports:—

The Special Clinics have had a busy year as is shown in the attached figures compiled by the Medical Social Worker, Miss Wilson. She herself came back, having previously held the post for a brief period, to join the Department in June, 1968 when Mrs. Mercer had to leave for personal reasons; and has proved herself to have a very high degree of competence.

We now hope that no further changes will take place for a long while since continuity in contact tracing is most important.

The figures for gonorrhoea have, it will be noted made a sharp rise, the new cases totalling 199 of which 156 were male. There were in addition 157 cases of non-specific urethritis (1967—165 cases), and when it is remembered that prior to the last war these would have in many cases been included as being presumptively gonococcal in origin, it is clear that the amount of proven gonorrhoea must be regarded as greater in fact when compared, for example, with 1938. It is much to be regretted that patients with urethritis are sometimes referred to the clinic having had antibiotics given to them but no slides taken for microscopy. Syphilis does not present a real problem and all the cases of early syphilis have been in male subjects who have contracted this by homosexual intercourse. Late symptomatic syphilis is more likley to be seen by the General Physicians.

During the year we have had no staffing troubles at all and now have two fully trained male nurses who are helped by two unqualified members of the male hospital staff. In addition, there have been a number of trainee male nurses working in the clinic and these often prove a considerable help. We have been pleased to see several physicians who were at the hospital doing refresher courses, and one is glad to say that medical students are now required to go through a short course of practical instruction during their clinical training, so that these attend regularly.

At the end of the year a meeting was held between the Medical Social Worker, the Senior Health Visitor, and Medical Officer of Health for the County, the Deputy Medical Officer of Health for the City, Dr. Stephanie James and myself, in order to see whether we were satisfied with our contact tracing's efficiency. This point arose out of a Ministry Circular which contained a suggested form for recording particulars of contacts. It was strongly felt by the meeting that the latter was impracticable and served no useful purpose. After full discussion it was agreed that our present methods of tracing contacts were wholly adequate and producing good results, and for that reason no changes were advocated nor were any improvements suggested. The question of the educational approach to the public and especially to the young regarding the problem of venereal diseases was also raised. The general feeling was that this was a matter for the Public Health authorities to discuss with the Education authorities and that the exact lines of approach should be determined according to the age groups concerned and to the general educational level of those requiring instruction and it was quite clear that no universally suitable scheme was possible to devise. In this connection it is interesting to observe how after, for example, a television programme is devoted to the problem of these diseases, a number of patients attend the clinic anxious to be reassured that they are not themselves infected, and one gets the impres-

sion that it is difficult, when information is conveyed through such channels, not to produce in some impressionable people a state of anxiety for which there is in fact no good reason.

The usual lectures to nurses, student midwives, etc., had continued as before.

We have recently undertaken to co-operate with Dr. McCallum and Dr. Juel-Jensen in the virological investigation and treatment of herpes genitalis: this work is just getting under way.

The problem of who is to succeed myself when I retire remains unsettled, but it is still hoped that a member of the United Oxford Hospitals staff who is already working in some other capacity will be able to take on in addition a large share of the work and to direct the Special Clinics. The proposal of a visiting venereologist domiciled outside Oxford but coming here to do part-time work in the clinics has been considered but it is generally thought to be quite unsuitable to our local requirements.

Dr. Stephanie James reports:

There has been an increase in new attendances and these included 43 new cases of gonorrhoea (an increase of nearly 50%). The other cases were mainly infections due to trichomonas vaginalis or monilia. There was also an increase in the cases of latent syphilis referred to the clinic either by contact tracing or from Maternity and Gynaecology clinics, but these still remain relatively few. Eight cases of syphilis attended for the first time.

The increase in cases of gonorrhoea were mainly in the 16—17 age group and the 20—24 age group. There is no doubt that a greater proportion of attenders are teenagers some of whom are taking oral contraceptives. This group has a wider knowledge of V.D. and will come more readily to be checked than in the past.

An important part is played in the running of the clinic by Miss Wilson, the social worker, who sees all patients on first attendance and helps them with any problems. One of her main functions is contact tracing and following up defaulters.

Medical students have been attending regularly this year and have shown interest, although the patients accept a female student more easily.

Dr. Jane Jackson, who was assistant medical officer in the clinic started a year of research in the West Indies in September and Dr. Gwenda Pritchard has been taking her place.

We are grateful to the Outpatient Sister who has managed to look after us so well in spite of shortage of nursing staff.

Miss A. K. Wilson (Medical Social Worker) reports:—

During the year 792 new patients attended the clinic compared with 661 in 1967. There is an increase in patients treated for gonorrhoea.

This is most marked in the age group 20—24 but there is also a significant rise amongst teenagers (Table I).

There are a number of contributory factors but one of them must be an increase in the number of young people who accept sexual intercourse in a relationship that may be quite short-lived. Adequate oral contraceptive methods remove a further deterrent to premarital sexual relationships. There is a proportionately higher increase for women than for men, and this supports my impression that there is less prostitution in the area. A significant number of young people attending the clinics are particularly vulnerable because of their deprived or disturbed backgrounds. They may have been, or feel, let down by parents and circumstances, and have often had to be independent of family support too soon. They find it difficult to commit themselves deeply to any relationship and some become promiscuous. They may have sexual intercourse with a number of people in a short space of time so risking contracting and spreading disease. These young people are often lonely and very unsure of themselves and many of them find it helpful to see a medical social worker who may be able to help them herself or put them in touch with an appropriate long term source of help. A rise in attendances at the clinics need not be too perturbing if it means that worried young people feel that they can come for advice and have necessary treatment. People are frequently very distressed at the possibility that they may have a venereal disease and want to ask questions and discuss their fears in confidence. It is not easy to attend a Special Clinic for the first time and we try to establish a good relationship with patients so that they may find it easy to complete treatment and return if they should again be worried.

There has been an increase this year in the number and proportion of immigrants and aliens treated (Table II). Many men arrive here with no friends or relatives and because of loneliness and absence of familial ties are far more likely to form casual sexual relationships, so risking disease.

The occurrence of venereal disease in marriage may cause particularly difficult and disturbing problems; frequently it is only the symptoms of a degree of marital break-down which may have a story going back a long way. The crisis situation which the infection of one or both partners with venereal disease provokes will give the couple the opportunity to look at their difficulties and there may be a possibility of achieving a better adjustment. A few married couples with problems of this kind have been helped.

The medical social worker has continued to do contact tracing. The help of health visitors from the local authorities, who have encouraged defaulters to attend, has been fruitful and much valued. About 40% of women contacts who are asked to attend the Oxford Clinic do so.

Mrs. Kelly continues as Clinic Secretary and Receptionist; her help and friendliness is appreciated by the Staff no less than by the patients.

TABLE I

## Age Groups of New Cases of Gonorrhoea

| | 1968 | | | 1967 | | |
|---|---|---|---|---|---|---|
| Age group | Male | Female | Total | Male | Female | Total |
| Under 16 | 2 | — | 2 | — | — | — |
| 16—17 | 2 | 9 | 11 | 1 | 5 | 6 |
| 18—19 | 9 | 6 | 15 | 8 | 4 | 12 |
| 20—24 | 69 | 17 | 86 | 32 | 11 | 43 |
| 25 and over | 74 | 11 | 85 | 66 | 8 | 74 |
| Totals | 156 | 43 | 199 | 107 | 28 | 135 |

TABLE II

## Country of Origin of New cases of Gonorrhoea and Syphilis

| Country of origin | Gonorrhoea | | Primary and secondary syphilis | |
|---|---|---|---|---|
| | Male | Female | Male | Female |
| West Indies . . . . . | 27 | 1 | 1 | 1 |
| Africa . . . . . | 5 | — | — | — |
| Asia . . . . . | 8 | 1 | 1 | 2 |
| Mediterranean . . . . | 2 | — | — | — |
| United Kingdom . . . . | 98 | 38 | 12 | 4 |
| Eire . . . . . | 8 | — | — | 2 |
| Europe . . . . . | 4 | 2 | — | — |
| Other . . . . . | 4 | 1 | — | — |
| Total new cases . . | 156 | 43 | 14 | 9 |

## (e) VACCINATION AND IMMUNISATION

### 1. Vaccination against Smallpox

Successful vaccinations performed during the year:—

| Age at date of vaccination | Primary | Re-vaccination |
|---|---|---|
| 0— 2 months .. .. .. | 3 | — |
| 3— 5 months .. .. .. | 3 | — |
| 6— 8 months .. .. .. | 23 | — |
| 9—11 months .. .. .. | 171 | — |
| 12—23 months .. .. .. | 893 | 1 |
| 2—4 years .. .. .. .. | 185 | 42 |
| 5—14 years .. .. .. .. | 26 | 159 |
| 15 and over .. .. .. .. | 15 | 109 |
| Total .. .. .. .. | 1,319 | 311 |

General Practitioners participating in the Council's scheme under Section 26 of the National Health Services Act 1946, carried out 53 primary vaccinations and 189 re-vaccinations during the year.

General Practitioners now carry out vaccination against smallpox for travellers; no adults were vaccinated at the weekly Traveller's clinic.

Routine primary vaccination of children is the last procedure in the schedule of primary prophylactic immunisations and is carried out at about 12 months of age.

Analysis of health visitors' records at the end of the year of all two year old children (i.e. those born in 1966) shows that 67% were successfully vaccinated against smallpox.

Comparable figures for the vaccination rate for the last ten years are as follows:—

| Year | Vaccination Rate | Comments |
|---|---|---|
| 1959 | 68% | Based on figures for babies under 1 year of age |
| 1960 | 71% | Based on figures for babies under 2 years of age |
| 1961 | 66% | |
| 1962 | 92%* | |
| 1963 | 21%† | |
| 1964 | 57% | |
| 1965 | 67% | |
| 1966 | 69% | Based on health visitors' review of 2-year-old children |
| 1967 | 62% | |
| 1968 | 67% | |

*This high rate was due to outbreaks of smallpox in the country.
†Policy changed; vaccination recommended in second year of life.

No serious reactions or complications of vaccination occurred during the year.

The increase in the vaccination rate shows that health visitors have been more successful this year in persuading mothers to accept protection for their children against smallpox, though the rate is still far from satisfactory. Only two health visitor's practices had a rate below 50% this year compared with four last year. At the other end of the scale, one third of all health visitors achieved an acceptance rate of over 75%, the highest being 91%.

The scheme for distribution of vaccine lymph to general practitioners, which was taken over from the Public Health Laboratory service in 1967, has continued to work smoothly. During the year we continued to record the potency of batches of lymph on behalf of the Lister Institute. The results for the 12 batches tested were as follows:—

**Batches of Lister Vaccine tested in 1968**

| Vaccine batch number | Number of vaccinations | Number inspected | Number of successful results | Number of failures | % of successful results |
|---|---|---|---|---|---|
| 4153/1 | 53 | 52 | 52 | — | 100 |
| 4212 | 135 | 132 | 129 | 3 | 98 |
| 4374 | 86 | 86 | 85 | 1 | 99 |
| 4418 | 79 | 79 | 76 | 3 | 96 |
| 4,552 | 114 | 110 | 109 | 1 | 99 |
| 4,637 | 115 | 112 | 110 | 2 | 98 |
| 4,699 | 114 | 114 | 106 | 8 | 93 |
| 4,854 | 107 | 106 | 103 | 3 | 97 |
| 4,866 | 71 | 71 | 66 | 5 | 93 |
| 4,978 | 110 | 110 | 106 | 4 | 96 |
| 5,131 | 109 | 109 | 105 | 4 | 96 |
| 5,201 | 73 | 71 | 68 | 3 | 96 |
| Total | 1,166 | 1,152 | 1,115 | 37 | 96% |

Four children in whom vaccination failed showed some resistance to successful protection in that a second attempt also failed to produce a major reaction.

The remainder of the failures were probably due to variations of technique rather than of lymph potency, as three of the eighteen vaccinators involved accounted for nearly half the failures. These doctors were obviously using a lighter touch than the others, who averaged only one to two failures each during the year.

## 2. Immunisation against Diphtheria, Pertussis and Tetanus

The following table shows the number of primary immunisations completed and the number of reinforcing injections given during 1968:—

| Number of Children who completed | Children born in years | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 1968 | 1967 | 1966 | 1965 | 1961–1964 | Others under 16 | Total for 1968 | Total for 1967 |
| A. *Primary Immunisation* | | | | | | | | |
| 1. Triple Antigen (DTP/Vac) .. .. .. | 838 | 643 | 36 | 11 | 13 | 1 | 1,542 | 1,588 |
| 2. Combined Dip/Tetanus Prophylactic (DT/Vac/PTAH) .. | 7 | 14 | 4 | 5 | 58 | 6 | 94 | 88 |
| Totals .. .. | 845 | 657 | 40 | 16 | 71 | 7 | 1,636 | 1,676 |
| B. *Booster Injections* | | | | | | | | |
| 1. Triple Antigen (DTP/Vac) .. .. .. | — | 6 | 15 | 5 | 16 | 2 | 44 | 41 |
| 2. Combined Dip/Tetanus Prophylactic (DT/Vac/PTAH) .. | — | 2 | — | 1 | 988 | 53 | 1,044 | 1,449 |
| Total .. .. | — | 8 | 15 | 6 | 1,004 | 55 | 1,088 | 1,490 |

**Comments:**

(i) General Practitioners gave 7 of the 1,636 primary courses and 3 of the 1,088 reinforcing doses during the course of their normal surgeries. As in previous years, the staff of the Health Department and general practitioners holding child health clinic sessions gave practically all these immunising injections.

The scheme for notifying general practitioners when children on their lists are immunised, by sending them completed Executive Council forms E.C.7, continued as a routine procedure throughout the year.

(ii) In August the Department of Health recommended a revised immunisation schedule for infants, and suggested that immunologically it would be desirable to increase the intervals between injections of Triple Antigen to about six weeks between the first and second injections and six months between the second and third. It was also stated that the optimum response would most likely be obtained if the first injection was postponed until the age of 6 months. However, after discussion with the departmental medical staff it was felt that such rather minor advantages would have to be balanced against a probable lower acceptance rate by mothers, as well as a considerable prolongation of susceptibility to whooping cough at the very time when infants are at greatest risk from this disease. On balance, therefore, it was decided to adhere to our existing and successful schedule of three injections of Triple Antigen at monthly intervals, starting at the age of four months. In Oxford there is close

surveillance of the incidence of whooping cough and the state of immunity of young children to this disease, so that any deterioration in the situation would be rapidly detected, and immunisation policy could then be reviewed in the light of any such change. Mild reactions to Triple Antigen continued to be frequent, but more severe reactions were reported in only 14 cases—less than 0.3% of injections. Of these 14, the course of immunisation was completed normally in 5, and by giving divided doses in a further 6. Two children had repeated reactions, the courses being left incomplete; and in one case the course was completed with Diphtheria/Tetanus vaccine alone.

(iii) Children who had evaded earlier immunisation were given a course of Diphtheria/Tetanus vaccine on school entry; there were 64 such children this year.

(iv) At the end of the year health visitors' records of two year old children (1966 births) were again studied and showed that 94% of these children had been immunised against diphtheria, whooping cough and tetanus. This figure is the highest so far recorded. Comparable figures for the past ten years are as follows:—

| | | | |
|---|---|---|---|
| 1959 | .. | .. | 83% |
| 1960 | .. | .. | 88% |
| 1961 | .. | .. | 91% |
| 1962 | .. | .. | 92% |
| 1963 | .. | .. | 89% |
| 1964 | .. | .. | 90% |
| 1965 | .. | .. | 93% |
| 1966 | .. | .. | 93% |
| 1967 | .. | .. | 92% |
| 1968 | .. | .. | 94% |

As in previous years the majority of the 78 two year old children not protected came from "problem" or unco-operative families. However, there has been a considerable improvement in that four health visitors managed to persuade all their two year olds to accept protection, whilst the lowest figure achieved was 83% which compares favourably with last year's lowest figure of 76%.

(v) Notified cases of whooping cough were more than halved this year (78 as against 180), the majority of cases occurring early in the year as the tail end of a small epidemic which started during the latter part of 1967.

Details of all cases notified in 1968 are given in the following tables:—

| Ages in years .. .. | 0—1 | 1— | 2— | 3— | 4— | 5—9 | Over 10 | Total |
|---|---|---|---|---|---|---|---|---|
| Total Notifications .. | 14 | 2 | 18 | 8 | 7 | 23 | 6 | 78 |
| Notification in Immunised children | 3 | 1 | 14 | 6 | 4 | 12 | 1 | 41 |
| ANALYSIS OF ALL NOTIFIED CASES Definite clinical or bacterial evidence of pertussis .. .. | 13 | 2 | 16 | 5 | 5 | 16 | 3 | 60 |
| No evidence of pertussis on investigation .. | 1 | — | — | 1 | — | — | — | 2 |
| Doubtful or incompletely followed up cases .. | — | — | 2 | 2 | 2 | 7 | 3 | 16 |
| Total .. .. | 14 | 2 | 18 | 8 | 7 | 23 | 6 | 78 |

Details of notified cases of Whooping Cough (clinically definite or bacteriologically proven) in immunised children:—

| Age of child at onset | | Age of first DTP/Vac. Injection | | Interval between last injection and onset | | Severity |
|---|---|---|---|---|---|---|
| Years | Months | Years | Months | Years | Months | |
| — | 7 | — | 4 | — | — | Mild |
| — | 7 | — | 4 | — | — | Mild |
| — | 7 | — | 3 | — | 1 | Mild |
| 1 | 10 | — | 3 | 1 | 4 | Mild |
| 2 | — | — | 8 | 1 | 2 | Mild |
| 2 | — | — | 5 | 1 | 5 | Mild |
| 2 | 1 | — | 4 | 1 | 6 | Mild |
| 2 | 1 | — | 5 | 1 | 5 | Mild |
| 2 | 2 | — | 5 | 1 | 7 | Moderate |
| 2 | 3 | — | 3 | 1 | 9 | Mild |
| 2 | 5 | — | 3 | 1 | 11 | Mild |
| 2 | 9 | — | 4 | 2 | 2 | Mild |
| 2 | 9 | — | 3 | 2 | 3 | Mild |
| 2 | 10 | — | 3 | 2 | 4 | Severe |
| 2 | 10 | — | 4 | 2 | 3 | Mild |
| 2 | 11 | — | 4 | 2 | 5 | Mild |
| 3 | 3 | — | 4 | 2 | 9 | Mild |
| 3 | 3 | — | 5 | 2 | 8 | Mild |
| 4 | 2 | — | 4 | 3 | 8 | Mild |
| 4 | 1 | — | 4 | 3 | 7 | Mild |
| 4 | 3 | — | 4 | 3 | 8 | Moderate |
| 4 | 11 | — | 5 | 4 | 2 | Mild |
| 5 | 2 | — | 3 | 4 | 9 | Severe |
| 5 | 4 | — | 5 | 4 | 9 | Mild |
| 5 | 9 | — | 4 | 5 | 4 | Moderate |
| 6 | 3 | — | 4 | 5 | 7 | Mild |
| 7 | 11 | — | 3 | 7 | 5 | Mild |
| 8 | 2 | — | 4 | 7 | 7 | Mild |
| 8 | 4 | — | 2 | 7 | 9 | Mild |
| 9 | 9 | 1 | 7 | 7 | 9 | Mild |
| 11 | 10 | — | 4 | 11 | 3 | Mild |

Details of severity of all notified cases of whooping cough:—

| | Severity | | | | |
|---|---|---|---|---|---|
| | Mild | Moderate | Severe | Not known | Total |
| Definite clinical or bacterially proven cases in the immunised .. .. | 26 | 3 | 2 | — | 31 |
| Definite clinical or bacterially proven cases in the non-immune .. .. | 15 | 7 | 7 | — | 29 |
| Cases subsequently thought not to be pertussis (immunised and non-immunised) .. .. .. | 1 | — | — | 1 | 2 |
| Doubtful or incompletely followed up cases (immunised and non-immunised) .. .. .. | 15 | — | 1 | — | 16 |
| Total .. .. .. .. | 57 | 10 | 10 | 1 | 78 |

It can be seen that moderate and severe cases were about three times more frequent in the unprotected.

In the group of 31 children who suffered from whooping cough despite vaccination, the intervals between injections of Triple Antigen were longer than a month in 12 cases (the longest intervals being 8 weeks between 1st and 2nd injections, and 11 weeks between 2nd and 3rd) and in only one case was there an interval shorter than 4 weeks (21 days).

A survey of all cases of whooping cough occurring in the City started on March 1st, 1966 as part of the nation-wide Public Health Laboratory service investigation of this disease. This survey was completed on April 30th, 1968, and included 392 cases of notified whooping cough occurring in the 26 month period.

Several interesting facts about whooping cough emerged from this survey. In the first place, it was confirmed that there was a considerable degree of under reporting of cases of whooping cough and this largely depended on the enthusiasm of individual general practitioners. Notified cases were evenly spread throughout the City, and yet four practitioners notified half the total number of cases. Whereas 90% of Principals in general practice notified cases of measles during this period, only 57% notified cases of whooping cough. Furthermore, it has become apparent that neither clinical nor laboratory diagnosis can give a true estimate of the prevalence of whooping cough in a community, for only 29% of all notified cases had the three cardinal symptoms of paroxysmal cough, whooping and vomiting. Nearly a quarter of the bacteriologically proven cases of whooping cough were anything but typical "whoopers"—having only a recurrent or paroxysmal cough. Of the total of 392 cases notified in this survey, only 155 (39%) whooped.

The characteristics of the causative organism, Bordetella pertussis, also seem to have altered over the years, and it is now isolated in only 11% of notified cases of whooping cough. The organism is of the 1:3 type in the majority (41 of 43 isolations) and for successful isolation of the

organism it appears to be immaterial whether the pernasal swab is taken early or late in the disease. A history of previous immunisation does not seem to affect the frequency of isolation of the organism in suspected cases of whooping cough, for the type 1:3 organism was isolated in 12 of 13 patients previously immunised with vaccine including this strain. However, vaccination still offers worthwhile protection. Serious cases of complicated whooping cough are now seen very infrequently. The disease is usually milder in the vaccinated (36% of the vaccinated cases had a whoop, compared with 52% in the unvaccinated) and it continues to occur more commonly in the unvaccinated (65% of notified cases had been vaccinated compared with 90% for the child population of Oxford as a whole).

It is disappointing that whooping cough vaccines are now proving less effective than formerly. This survey does, however, show that whooping cough is still a very puzzling and incompletely understood disease, and supports the policy of maintaining routine vaccination against whooping cough pending further investigation.

### 3. Poliomyelitis vaccination

The present schedule of immunisation has remained unchanged since it was introduced in 1962, and consists of three doses of Sabin (oral) vaccine at monthly intervals starting at the age of seven months, with a booster dose on primary school entry at the age of 5 years. Children who commence immunisation with Triple Antigen when they are over the age of seven months are given oral polio vaccine concurrently. As there has been no case of poliomyelitis in a child since 1957 this schedule is obviously conferring adequate protection against this disease, so that the recent recommendation of longer intervals between doses in the primary course and a further booster at school leaving age will not be adopted.

The table below shows the number of persons vaccinated against poliomyelitis during the year:—

| | Sabin Vaccine | |
|---|---|---|
| | Full course | Booster Doses |
| Children born in 1968 .. .. .. .. | 241 | — |
| ,, ,, ,, 1967 .. .. .. .. | 1,173 | 3 |
| ,, ,, ,, 1966 .. .. .. .. | 86 | 9 |
| ,, ,, ,, 1965 .. .. .. .. | 32 | 7 |
| ,, ,, ,, 1964—1961 .. .. .. | 115 | 1,339 |
| Others (under 16 years) .. .. .. .. | 40 | 76 |
| (Over 16 years) .. .. .. .. | 54 | 204 |
| Total .. .. .. .. .. | 1,741 | 1,638 |

A total of 123 school children were given a full course of vaccine at school compared with 158 in 1967, and represent those who had evaded immunisation in infancy.

Health Visitors' records at the end of the year showed that 93% of two year old children were fully immunised. Comparable figures for the past 10 years are as follows:—

| Year | Vaccination Rate | Comments |
|---|---|---|
| 1959 | 94% | Estimated vaccination rate for all children born since 1943. Salk vaccine. |
| 1960 | over 90% | |
| 1961 | 96% | Ministry of Health estimate. Salk vaccine. |
| 1962 | 60% | Based on figures for babies 1—2 years of age. Sabin vaccine introduced in March 1962. |
| 1963 | 67% | |
| 1964 | 68% | |
| 1965 | 91% | Based on Health Visitors' review of 2 year old children. |
| 1966 | 93% | |
| 1967 | 91.6% | |
| 1968 | 93% | |

The United Oxford Hospitals were supplied with 1,580 doses of Sabin vaccine for the protection of their staff.

## 4. Measles Vaccination

The Medical Research Council trial of intensive measles vaccination continued throughout the year, and vaccination against measles at about ten months of age has now been accepted as a routine procedure at all child health clinics.

The M.R.C. report showed that a single dose of live vaccine produced slightly better immunity but rather more vigorous reactions than a schedule of live preceded by killed vaccine. Live vaccine alone was recommended and accordingly the use of killed measles vaccine was discontinued in Oxford in June. The change was timed to coincide with the start of the national measles vaccination campaign.

A supply of human normal immunoglobulin was obtained for the purpose of reducing reactions in those few children with chronic heart or lung disease, whom it was desirable to vaccinate with the minimum of constitutional disturbance. So far this has only been used on three occasions.

Health Visitors' returns at the end of the year showed that 66% of two year old children had been vaccinated, compared with 53% last year. A survey of 1,392 school entrants revealed that nearly half (49%) had measles, and 30% had been vaccinated. After the survey 8% of the unprotected children accepted vaccination, so that by the end of the year, 87% of this sample of young school children were immune to measles.

The effectiveness of vaccination in preventing measles is shown in the following table:—

| Year | Number vaccinated against measles | Number of cases of measles notified | Number of cases in the vaccinated | Comments |
|---|---|---|---|---|
| 1964 | 185 | 280 | 1 | First Medical Research Council trial. |
| 1965 | 84 | 1,285 | 10 | Epidemic year. Follow up of trial. |
| 1966 | 2,167 | 448 | 7 | Intensive measles vaccination started in May. |
| 1967 | 2,397 | 321 | 15 | Epidemic year in surrounding areas. |
| 1968 | 2,113 | 306 | 19 | Change from Killed and Live to Live vaccine alone in June. |
| Total | 6,946 | 2,640 | 52 (2%) | |

Among the 52 vaccinated children who contracted measles, 9 cases occurred within two weeks of vaccination, and it would be reasonable to attribute these to reactions to the vaccine, or alternatively to natural attacks of "wild" measles. Out of the remaining 43 cases 34 were mild, 8 were of moderate severity, while 1 was classified as severe. None developed any complications.

A close watch has been kept on the incidence of reactions to live measles vaccine after the use of killed vaccine was discontinued in June. All children vaccinated during two four-week periods (the first in September and the second in November/December) were included in a survey to assess the severity and incidence of reactions. In this group of 286 children just over half (55%) had a reaction. The pattern of illness in those who had a reaction was similar to that reported in the M.R.C. Trial of 1964, except that fever and a rash were reported in a much greater proportion of the Oxford children, as shown in the following table:—

**Reactions to Live Measles Vaccine**

| | Number in sample | % unwell | % with fever | % with rash |
|---|---|---|---|---|
| M.R.C. Trial 1964<br>Live vaccine alone (Glaxo) | 1,015 | 61% | 6% | 19% |
| Oxford 1968<br>Live vaccine alone<br>(Burroughs Wellcome) . . | 286 | 55% | 31% | 29% |

Nearly three quarters of the reactions were mild and 82% were acceptable to parents. Some anxiety to parents was caused in 14% and 4% had a reaction which the parents found unacceptable when asked about it immediately afterwards. However, half this last group of

parents thought vaccination had been worth while on reconsideration a week or two later. So far the incidence of severe reactions (1 child in every 40 vaccinated) has not deterred mothers from seeking the benefits of vaccination. Since changing to the use of live vaccine alone, the average monthly number of children vaccinated has increased from 156 to 190. However, a close surveillance of reactions is essential during the next few years during which the potency and dose of live measles vaccine may need to be adjusted to provide the maximum of protection compatable with a minimum of unacceptable reactions.

## 5. Anthrax Vaccine

There were no requests for this vaccine, which became available in 1965.

## 6. Vaccination for Travellers

(*a*) *Yellow Fever.* Oxford has been one of the centres approved by the Ministry of Health for the provision of Yellow Fever Vaccination since 1960. Weekly sessions by appointment are held at 2 p.m. on Tuesday afternoons.

During the year 978 vaccinations were performed compared with 845 last year. For the past two years the International Vaccination Certificate has been valid for a period of 10 years instead of 6 years, but despite the consequent decrease in the number of revaccinations requested, the total number of travellers vaccinated has again risen—a measure of the increasing number of travellers from this area.

In January an improved Yellow Fever vaccine became available and has been used throughout the year. The fee for vaccination was increased in April to £1, in order to meet the increased cost of vaccine and to conform with the fees charged at other Yellow Fever Vaccination centres.

(*b*) *Other Diseases.* General practitioners now carry out the majority of other immunisations for travellers at their surgeries, for which they receive an item of service payment.

The number of injections given at the Traveller's clinic at Greyfriars is shown in the following table:—

| | 1964 | 1965 | 1966 | 1967 | 1968 |
|---|---|---|---|---|---|
| Cholera .. .. | 37 | 66 | 47 | 5 | 2 |
| T.A.B. .. .. .. | 217 | 137 | 63 | — | 13 |
| T.A.B./Cholera .. .. | 58 | 55 | 45 | 5 | — |
| T.A.B./Tetanus .. .. | — | 19 | 52 | 2 | — |
| Tetanus Toxoid* .. | 17 | 28 | 119 | 69 | 128 |
| Typhus .. .. .. | — | 7 | — | — | — |
| Total .. .. | 329 | 312 | 326 | 81 | 143 |

*Figures include tetanus toxoid injections given to Ambulance personnel and City policemen.

## (f) INFESTATION

### (i) Scabies

Six cases were reported, four families being involved. Treatment was arranged for each family as a group.

### (ii) Pediculosis

Inspections were made by school nurses with the following results:—

| | 1966 | 1967 | 1968 |
|---|---|---|---|
| Number of inspections made .. | 27,983 | 26,291 | 26,081 |
| Number of children inspected .. .. | 10,831 | 9,864 | 11,185 |
| Number of children infested .. .. | 249 | 136 | 107 |
| Percentage incidence .. .. .. | 2.3 | 1.3 | .96 |

The 107 infested children (64 girls, 43 boys) came from 75 families compared with 110 families last year.

In addition one pre-school child was treated.

During the year, nineteen men with body lice infestation were referred to the department, the majority coming from the Simon Community hostel. This hostel opened in January and cases were mainly reported in February and March. Cases were treated at this hostel and also at the Church Army Hostel. We are grateful both to the Church Army and to the Simon Community staff for their co-operation in dealing with men with body lice. Because of the increased incidence, monthly checks were made at both hostels.

## (g) LABORATORY SERVICES

Your Medical Officer of Health has continued to serve as one of the two Medical Officers of Health on the Public Health Laboratory Service Board for England and Wales.

**Bacteriology**

Dr. W. H. H. Jebb and his staff at the Public Health Laboratory, Walton Street, Oxford, carry out examinations of specimens from cases of infectious diseases and from contacts and suspected carriers. We are very grateful to them for their ready co-operation.

**Virology**

Dr. F. O. MacCallum, Consultant Virologist, United Oxford Hospitals, has been of the greatest assistance in connection with the investigation of virus diseases.

**Analysis**

Mr. F. A. Lyne, B.Sc., F.R.I.C., of 220/222 Elgar Road, Reading Berkshire, has continued as official Analyst to the City, and has at all times been most helpful.

# SECTION V

## MATERNITY AND CHILD HEALTH

REPORT BY DR. J. GRAY
M.B., Ch.B., D.P.H.
Senior Medical Officer of Health

## A. MATERNITY
## (including domiciliary midwifery)

### I. Midwives practising in the Area

Number of midwives practising at the end of the year in the area of the Local Supervising Authority:—

| | |
|---|---|
| (*a*) Domiciliary midwives employed by the Local Health Authority .. .. .. .. .. .. | 11 |
| (*b*) Domiciliary midwives employed by Oxfordshire County Council in practice at the General Practitioner Maternity Unit .. .. .. .. .. .. | 5 |
| (*c*) Midwives in hospital practice, employed by the Board of Governors of the United Oxford Hospitals .. .. | 59 |
| | 75 |

### II. The Domiciliary Midwifery Service

#### 1. Administration

Virtually all domiciliary midwifery is undertaken by full-time midwives employed by the City Council. The establishment provides for a non-medical supervisor and assistant non-medical supervisor of midwives, one senior midwife and nine midwives. This includes two part-time midwives employed to help with the nursing of mothers and babies discharged early from hospital and for other duties when necessary.

The City Council takes full responsibility for providing midwives with suitable transport, either in Corporation cars, or their own cars with a car allowance on the essential user basis. Accommodation is provided if required and seven midwives occupied Council property, six in fully-furnished accommodation and one in an unfurnished flat.

The midwives continued to work attached to general practices. This method of working has increased the contact between the family doctor and the midwife and is a most valuable complement to the health visitor and district nurse attachment.

## 2. General Practitioner Maternity Unit

1968 was the second full year of operation of the General Practitioner Maternity Unit at the Churchill Hospital, and was a year of consolidation of the services and facilities provided.

Five hundred and eleven patients were admitted (453 in 1967) of which 270 were attended by City midwives, 250 being Oxford residents. This constituted more than 50% of the total number of City domiciliary confinements. There were no still-births or neonatal deaths.

Monthly lunch-time meetings were again regularly attended, particularly by local authority midwives. At these meetings, abnormal cases are discussed and there is usually one or more consultant obstetricians present to offer opinion and advice. Talks on obstetric and allied subjects are also given by specialists in specific disciplines.

Liaison with the Consultant Unit at the Churchill Hospital remained excellent at medical and nursing levels and on two occasions domiciliary midwives accompanied their patients into the Consultant Unit when difficulties arose and helped in their delivery, an interesting development in the co-ordination of midwifery services which it is hoped will be extended.

A continuing problem in the Unit over the year has been the provision of 24-hour trained nursing cover by the hospital, especially with regard to night staff. This, and the possible complete midwifery staffing by the local authority is under discussion between the United Oxford Hospitals and the City and County Health Departments at the present time. It is hoped that some agreement on re-organisation and finance can be reached in the near future.

For some of the above information we are indebted to Dr. M. Bull, Senior Medical Officer to the Unit.

## 3. Antenatal care

Every mother booked for delivery by a City midwife also books a general practitioner under the Maternity Medical Service. Patients for domiciliary delivery are carefully selected and antenatal care is undertaken jointly by doctor and midwife in close co-operation. It is in the best interest of midwifery that this should be started early in pregnancy. The following table shows the number of midwives' bookings according to the period when antenatal care commenced.

| | *Number of bookings* | |
|---|---|---|
| *Period of gestation* | *Domiciliary* | *Unit* |
| Under 12 weeks .. .. .. .. | 85 | 117 |
| 12—16 weeks .. .. .. .. | 94 | 71 |
| 17—20 weeks .. .. .. .. | 14 | 18 |
| 21—24 weeks .. .. .. .. | 10 | 16 |
| 25—28 weeks .. .. .. .. | — | 9 |

| | | |
|---|---|---|
| 29—32 weeks .. .. .. .. | 1 | 2 |
| 33—36 weeks .. .. .. .. | 1 | 4 |
| After 36 weeks .. .. .. .. | — | — |
| Unknown .. .. .. .. .. | 17 | 13 |
| | 222* | 250* |

*These figures exclude 7 unbooked emergencies and 15 Oxfordshire and 9 Berkshire deliveries.

It is interesting to note that only 2 mothers booked for delivery at home were known to have commenced antenatal care after the 24th week of pregnancy, and in the Unit 15 patients were known to have started antenatal care after that time.

General practitioners continued to hold special antenatal clinics at their surgeries. At the end of the year there were 19 regular weekly sessions at which a midwife or her pupil were present.

The number of cancelled bookings for a home or Unit confinement—i.e. the transferance to a consultant unit booking, is some measure of the amount of domiciliary antenatal care the midwives may undertake prior to the patient being transferred. During the year 57 domiciliary bookings were cancelled, 45 for medical and 12 for social reasons, and for the Unit, of the 75 cancelled bookings 67 were for medical and 8 for social reasons.

Every effort was again made to ensure that the full range of antenatal blood tests was carried out for each patient. Specimens were examined at the pathology departments of the Radcliffe Infirmary and Churchill Hospital. Patients were referred to the laboratories if their doctor did not wish to undertake this procedure.

The concerted effort to ensure that all mothers delivered at home and in the Unit had a high haemoglobin level at term was again maintained. Almost every mother has routine iron in pregnancy and the haemoglobin level is re-estimated at 34-36 weeks. The midwives are trained to take capillary samples for this purpose. A study of the records of the 479 cases delivered during the year (an overall reduction of 61 cases as compared with 1967) shows the following distribution of late pregnancy haemoglobin readings:—

| | *Number of cases* | |
|---|---|---|
| *Hb.* | *Domiciliary* | *Unit* |
| 61—65% .. .. .. .. | 1 | — |
| 66—70% .. .. .. .. | 2 | 7 |
| 71—75% .. .. .. .. | 12 | 17 |
| 76—80% .. .. .. .. | 48 | 55 |
| 81—85% .. .. .. .. | 74 | 67 |
| 86—90% .. .. .. .. | 47 | 58 |

| | | |
|---|---|---|
| 91—95% .. .. .. .. | 26 | 28 |
| 96—100% .. .. .. .. | 3 | 9 |
| 101% or over .. .. .. .. | — | 3 |
| No record .. .. .. .. | 16 | 6 |
| | 229 | 250 |

This is an encouraging result in that only three mothers booked for home confinement had haemoglobin levels of 65%, 66% and 70% in late pregnancy. All were treated with intramuscular iron.

Of the seven patients booked for delivery in the Unit who had haemoglobin readings in the 66—70% range, five were given intramuscular iron and two had double the routine dose of oral iron, plus folic acid. All the mothers were safely delivered without haemorrhage.

The three mothers who had home confinements had very satisfactory postnatal haemoglobin levels, namely 95%, 87% and 92%.

Haemoglobin estimations are also carried out between the 10th and 14th day of the puerperium. The midwives are responsible for taking blood samples for all the domiciliary cases.

## 4. Maternity Medical Service bookings

The distribution of bookings (of mothers delivered at home and in the Unit) under the Maternity Medical Service among doctors in practice in the City was as follows:—

| | *Domiciliary* | *Unit* |
|---|---|---|
| 30—35 cases .. .. .. .. | — | 1 |
| 20—29 cases .. .. .. .. | — | 1 |
| 10—19 cases .. .. .. .. | 4 | 6 |
| 5—9 cases .. .. .. .. | 17 | 11 |
| 1—4 cases .. .. .. .. | 22 | 16 |

These figures apply to City cases only, thus they do not represent the total Maternity Medical Service bookings of the doctors.

## 5. Work of the individual midwives

Details are shown in tabular form. The figures include deliveries and visits carried out by pupil midwives.

A third table gives an analysis of all domiciliary deliveries carried out during the year, and a fourth an analysis of all deliveries at the General Practitioner Maternity Unit.

## Tables showing the work of the individual midwives during the year

### Domiciliary cases

| | | Doctor present at delivery | Doctor not present at delivery | Total | Assessment visits | Antenatal visits | Postnatal visits—domiciliary cases | Postnatal visits—hospital cases | Total visits |
|---|---|---|---|---|---|---|---|---|---|
| Midwife A | Group Practice 1 | 5 | 13 | 18 | 70 | 323 | 401 | 53 | 847 |
| Assistant Supervisor | | | | | | | | | |
| Midwife B | | 7 | 17 | 24 | 190 | 456 | 386 | 144 | 1,176 |
| Midwife C | Group Practice 2 | 4 | 16 | 20 | 187 | 440 | 436 | 92 | 1,155 |
| Midwife D | | 3 | 29 | 32 | 107 | 307 | 569 | 27 | 1,010 |
| Midwife E | Group Practice 3 | 10 | 11 | 21 | 101 | 394 | 440 | 56 | 991 |
| Midwife F | | 5 | 12 | 17 | 186 | 317 | 352 | 135 | 990 |
| Midwife G | Group Practice 4 | 5 | 22 | 27 | 31 | 540 | 777 | 52 | 1,400 |
| Midwife H | | 8 | 22 | 30 | 178 | 337 | 594 | 113 | 1,222 |
| Midwife I | Group Practice 5 | 4 | 15 | 19 | 81 | 276 | 333 | 37 | 727 |
| Midwife J | | 5 | 15 | 20 | 158 | 268 | 433 | 149 | 1,008 |
| Supervisor of Midwives | .. .. .. | 1 | 4 | 5 | 8 | 106 | 54 | 14 | 182 |
| Part-time midwives | .. .. | — | — | — | 93 | — | 1 | 1,950 | 2,044 |
| | | 57* | 176* | 233 | 1,390 | 3,764 | 4,776 | 2,822 | 12,752 |
| Corresponding figures for 1967 | .. .. | 84 | 196 | 280 | 1,136 | 4,597 | 5,574 | 2,701 | 14,008 |

*These figures include deliveries of one Berkshire and 3 Oxfordshire cases.

## General Practitioner Maternity Unit cases

| | | Doctor present at delivery | Doctor not present at delivery | Total | Assessment visits | Antenatal visits | Postnatal visits | Total visits |
|---|---|---|---|---|---|---|---|---|
| Midwife A | Group Practice 1 | 7 | 4 | 11 | 18 | 205 | 253 | 476 |
| Assistant Supervisor | | | | | | | | |
| Midwife B | | 12 | 12 | 24 | 2 | 311 | 402 | 715 |
| Midwife C | Group Practice 2 | 10 | 10 | 20 | 1 | 504 | 512 | 1,017 |
| Midwife D | | 7 | 15 | 22 | 3 | 337 | 546 | 886 |
| Midwife E | Group Practice 3 | 13 | 10 | 23 | 51 | 434 | 530 | 1,015 |
| Midwife F | | 17 | 23 | 40 | 18 | 562 | 711 | 1,291 |
| Midwife G | Group Practice 4 | 16 | 24 | 40 | 52 | 860 | 845 | 1,757 |
| Midwife H | | 11 | 12 | 23 | 96 | 486 | 793 | 1,375 |
| Midwife I | Group Practice 5 | 15 | 16 | 31 | 1 | 552 | 557 | 1,110 |
| Midwife J | | 21 | 14 | 35 | 24 | 483 | 753 | 1,260 |
| Supervisor of Midwives | | 1 | — | 1 | — | 1 | — | 1 |
| | | 130* | 140* | 270 | 266 | 4,735 | 5,902 | 10,903 |
| Corresponding figures for 1967 | | 166 | 94 | 260 | 206 | 4,376 | 4,712 | 9,294 |

* These figures include deliveries of 8 Berkshire and 12 Oxfordshire patients.

## 6. Analysis of domiciliary deliveries

| | Doctor present at delivery | | Doctor not present at delivery | | |
|---|---|---|---|---|---|
| | Primiparae | Multiparae | Primiparae | Multiparae | Total |
| Total cases . . . . | 8 | 47 | 12 | 162 | 229 |
| Live births . . . . . | 8 | 47 | 12 | 162 | 229 |
| Still-births . . . . | — | — | — | — | — |
| Twin deliveries . . . . | — | — | — | — | — |
| Death of baby at home . . | — | — | — | 1 | 1 |
| Forceps deliveries . . . . | 1 | — | — | — | 1 |
| Emergency Obstetric Service | 2 | 1 | — | 2 | 5 |
| Baby transferred to hospital by "premature baby flying squad" . . . . . | — | 1 | — | — | 1 |
| Baby transferred to hospital other than by "flying squad" | — | — | 1 | 2 | 3 |
| Mother and baby transferred to hospital . . | 1 | — | 1 | 4 | 6 |
| Anaesthesia and analgesia:- | | | | | |
| (a) Pethidine . . . . | 2 | 24 | 8 | 73 | 107 |
| (b) Gas and oxygen . . | 4 | 24 | 2 | 59 | 89 |
| (c) Trilene . . . . | 1 | 3 | 2 | 12 | 18 |
| Antenatal care | | | | | |
| (a) General practitioner and midwife . . | 8 | 45 | 12 | 157 | 222 |
| (b) Hospital booked emergencies . . | — | 2 | — | 3 | 5 |
| (c) None (emergencies) | — | — | — | 2 | 2 |
| Feeding at 14 days:- | | | | | |
| (a) Breast entirely . . | 4 | 18 | 6 | 67 | 95 |
| (b) Breast and bottle | — | 1 | — | 1 | 2 |
| (c) Bottle entirely . . | 3 | 27 | 4 | 85 | 119 |
| (d) Left district—unknown | 1 | 1 | 2 | 7 | 11 |

## 7. Analysis of deliveries at the General Practitioner Maternity Unit

| | Doctor present at delivery | | Doctor not present at delivery | | |
|---|---|---|---|---|---|
| | Primiparae | Multiparae | Primiparae | Multiparae | Total |
| Total cases | 78 | 43 | 45 | 84 | 250 |
| Live births | 78 | 43 | 45 | 84 | 250 |
| Still-births | — | — | — | — | — |
| Twin deliveries | — | — | — | — | — |
| Death of baby in the Unit | — | — | — | — | — |
| Forceps deliveries | 5 | 1 | — | — | 6 |
| Baby to consultant unit | 4 | 1 | — | 1 | 6 |
| Anaesthesia and analgesia:- | | | | | |
| (a) Pethidine | 63 | 26 | 37 | 50 | 176 |
| (b) Gas and oxygen | 50 | 28 | 26 | 38 | 142 |
| (c) Trilene | 2 | — | — | — | 2 |
| Antenatal care:- | | | | | |
| General practitioner and midwife | 78 | 43 | 45 | 84 | 250 |
| Feeding at 14 days:- | | | | | |
| (a) Breast entirely | 39 | 19 | 26 | 45 | 129 |
| (b) Breast and bottle | 1 | 2 | 1 | 2 | 6 |
| (c) Bottle entirely | 27 | 18 | 11 | 30 | 86 |
| (d) Unknown | 11 | 4 | 7 | 7 | 29 |

### Comments on the work of the midwives and on details of deliveries

(i) Total deliveries (including those patients delivered at the General Practitioner Maternity Unit) decreased, 479 compared with 530 in 1967. There was a corresponding decrease in the number of antenatal visits but an increase in the number of postnatal visits, whilst postnatal visits to mothers discharged early from hospital remained virtually the same.

(ii) No maternal death occurred during the year.

(iii) One neonatal death occurred at home in the 229 domiciliary deliveries.

(iv) Of the mothers confined at home, doctors were present at 23% of the deliveries compared with 30% in 1967. Of the mothers confined in the Unit the doctor was present at 48% of the cases as compared with 63% in 1967.

(v) The forceps rate was again low, namely 0.4% in the home and 2.4% in the Unit deliveries, a considerable decrease over the 1967 figures of 0.7% and 6%.

(vi) It can be calculated from the figures that 44% of the babies born at home were fully breast-fed at 14 days and 58% of those born in the Unit, as compared with 53% and 60% in 1967, a trend which continues nationally.

**8. Patients booked for domiciliary delivery but transferred to hospital during labour.**

Despite thorough antenatal care and careful selection of mothers booked for delivery at home, it is inevitable that abnormalities will occasionally arise during labour. In Oxford, thanks to the unfailing co-operation of the hospitals, admission of emergency cases can always be arranged without delay.

During the year the admission of 8 mothers occurred during labour. This represents 3.4% of mothers either delivered at home or admitted in labour compared with 3.8% in 1967.

The reasons for admission together with the outcome were as follows:

| | *End result* | | |
|---|---|---|---|
| *Abnormality* | *Delivery* | *Baby* | *No. of cases* |
| Early rupture of membranes | Spontaneous | Survived | 1 |
| Delay in 1st stage | Spontaneous | Survived | 2 |
| Delay in 1st stage | Forceps | Survived | 1 |
| Delay in 2nd stage | Forceps | Survived | 1 |
| Premature labour | Spontaneous | Survived | 1 |
| Foetal distress | Spontaneous | Survived | 1 |
| Foetal heart not heard | Forceps | Stillborn | 1* |
| | | | 8 |

**9. Patients booked for delivery at the General Practitioner Maternity Unit but transferred to the Consultant Unit in labour.**

During the year 29 mothers were transferred in labour to the Consultant Unit at the Churchill Hospital, about 10% of mothers admitted for confinement in the Unit. The reasons and outcome were as follows:—

| | *End result* | | |
|---|---|---|---|
| *Abnormality* | *Delivery* | *Baby* | *No. of cases* |
| Antepartum haemorrhage | Spontaneous | Survived | 2 |
| Early rupture of membranes | Spontaneous | Survived | 1 |
| Early rupture of membranes | Forceps | Survived | 1 |
| Delay in 1st stage | Forceps | Survived | 11 |
| Delay in 1st stage | Ventrouse extraction | Survived | 2 |
| Delay in 2nd stage | Forceps | Survived | 5 |
| Breech presentation | Twin delivery—both spontaneous Breech | Both survived | 1 |

| | | | |
|---|---|---|---|
| Raised blood pressure | Forceps | Survived | 1 |
| Foetal distress | Spontaneous | Survived | 1 |
| Foetal distress | Forceps | Survived | 2 |
| Foetal distress | Twin delivery— | | |
| | 1st Ventrouse | Both | |
| | 2nd Forceps | survived | 1 |
| Foetal heart not heard | Spontaneous | Stillborn | 1* |
| | | | 29 |

*These 2 cases are discussed in paragraph 17.

**10. Mothers admitted to hospital following delivery at home**

One patient with secondary postpartum haemorrhage was admitted on the 11th day for investigation. A small piece of placental tissue was found. Blood transfusion was given. The patient made satisfactory progress and was discharged home on the 15th day.

Four mothers were admitted to hospital immediately after emergency treatment by the "Flying Squad". Details are given in paragraph 19.

**11. Babies admitted to hospital following delivery at home.**

(1) Premature baby, 37 weeks. Weight 5 lb. 6 oz. Condition fairly good. Admitted to Special Care Unit. Made good progress.

(2) Unbooked emergency. Premature baby, 33 weeks. Weight 3 lb. 8 oz. Admitted to Special Care Unit. Made satisfactory progress.

(3) Small full-term baby. Weight 4 lb. 8 oz. In good condition. Transferred to Special Care Unit because of illness of other child. Made good progress. Home on 8th day.

(4) Baby's colour poor from birth—cyanosed. Admitted to paediatric department for investigation 4th day. Congenital malformation of heart diagnosed, having only ventricle. General condition was good and baby discharged on the 10th. day. The infant is still living at $4\frac{1}{2}$ months old.

**12. Mothers transferred to the Obstetric Unit following delivery in the General Practitioner Maternity Unit.**

| | |
|---|---|
| Transferred for manual removal of placenta .. .. .. | 2 |
| Transferred for repair of severe tear .. .. .. .. | 1 |
| Transferred for blood transfusion and observation .. .. | 1 |

These mothers were all satisfactory and return to the Unit after treatment.

**13. Babies admitted to the Special Care Unit following delivery in the General Practitioner Maternity Unit**

(1) Immature baby. Weight 4 lb. 13½ oz. Transferred to the Special Care Unit. Made good progress.

(2) Premature baby, 36 weeks. Weight 5 lb. 12 oz. Transferred to Special Care Unit. Returned to mother in the G.P. Unit after 3 days. Made good progress.

(3) Baby apnoeic and cyanosed after birth. Lethidrone and oxygen given in the G.P. Unit and baby transferred to Special Care Unit for observation. Made satisfactory recovery and returned to G.P. Unit on 3rd day.

(4) Lumbar meningocele. Baby transferred to paediatric department and operation performed on 4th day. Quite good movement in legs. Maintained reasonable progress. Surviving at three months old when the family left Oxford.

(5) White asphyxia. Intubation and oxygen given in the G.P Unit. Transferred to Special Care Unit for observation. Discharged home on 9th day and made good progress thereafter.

(6) White asphyxia. Transferred to Special Care Unit after routine resuscitation in G.P. Unit. Made good progress. Returned to G.P. Unit on 4th day.

**14. Emergency treatment of mother in the General Practitioner Maternity Unit**

In one mother low forceps delivery was undertaken by the general practitioner, the Registrar being present. Episiotomy extended high into the vagina with copious arterial bleeding. Total loss approximately 2 pints. Mother rapidly became collapsed and pulseless. Blood transfusion given, 4 pints in all and tear repaired. Mother recovered quickly on receiving blood and was discharged home on the 9th day.

**15. Administration of pethidine**

Of the total of 229 patients delivered at home 107 or 47% received pethidine, while in the Unit pethidine was given in 176 or 70% of the total deliveries.

**16. Inhalational analgesia**

Analgesia is available to every mother who wishes to receive it. Instruction in its use is given in the antenatal period when necessary. Gas and oxygen was administered on 89 occasions in domiciliary deliveries and on 142 occasions in Unit deliveries.

Two trilene sets are also available, 18 mothers delivered at home and 2 in the Unit received this form of analgesia.

Inhalational analgesia was not given in 122 domiciliary cases, for the following reasons:—

| | |
|---|---|
| Born before arrival of midwife .. .. .. | 9 |
| Rapid delivery, no time .. .. .. .. | 2 |
| Considered unnecessary .. .. .. .. | 111 |
| | 122 |

Of the 111 domiciliary cases where inhalational analgesia was considerd unnecessary, 49 patients received pethidine.

## 17. Parentcraft and relaxation classes

Evening classes were held at Donnington and Cowley clinics in conjunction with general practitioners. Doctors, midwives and health visitors have all participated and at one general practitioner session a physiotherapist conducts relaxation classes, giving her services voluntarily.

At the North Oxford class the health visitors and midwives are solely responsible for the teaching. Mothers continued to attend the preparation classes provided by the hospitals.

## 18. Perinatal deaths

A full investigation of every still-birth and early neonatal death is undertaken to assess the factors contributing to this loss of infant life.

The following categories are considered:—

(1) Deaths of babies born to mothers transferred to hospital in labour—one stillbirth.

(2) Deaths of babies born to mothers admitted to the Consultant Unit in labour from the G.P. Maternity Unit—one stillbirth.

(3) Deaths of babies at home—one death.

(4) Deaths of babies transferred to hospital following delivery at home— one death.

### (a) Still-births

*Mother booked for delivery at home.* First baby. Regular antenatal care by doctor and midwife. Seen by consultant obstetrician at term plus two weeks. Spontaneous labour at term plus four weeks. Foetal heart not heard. Transferred to hospital. Forceps delivery of stillborn infant.

*Cause of death*—post maturity.

*Mother booked for delivery at G.P. Unit.* Spontaneous labour at term. Foetal heart not heard. Transferred to consultant Unit. Normal delivery of stillborn infant. Third baby. Regular antenatal care by doctor and midwife.

*Cause of death*—placental insufficiency.

**(b) Neonatal deaths**

*Death of baby at home.* Second baby. Regular antenatal care by doctor and midwife. Baby showed signs of mongolism from birth. Considerable mucous present. Admitted to paediatric department for investigation 4th day. Mongolism confirmed but no other abnormality found. Discharged home 10th day. Baby found dead in cot during the night (11th day).

*Cause of death*—inhalation of vomitus.

*Death of baby transferred to hospital following delivery at home.* Second baby. Regular antenatal care by doctor and midwife. Normal delivery. Large baby—10 lbs. 10 ozs. Difficulty in delivery of shoulders and hips. Condition satisfactory after birth. Considerable mucous present next day and vomiting persisted during the night. Admitted to paediatric unit. General condition was then good but rapidly deteriorated and baby died the same day.

*Post-mortem result*—Enlarged liver with intra-capsular bleeding.

## 19. Emergency Obstetric Service.

This service, operating from the Nuffield Maternity Home has continued to provide valuable support to the domiciliary midwifery service. It was called upon seven times during the year.

Calls were made to the service for the following reasons:—

| | |
|---|---|
| Antepartum haemorrhage .. .. .. .. | 2 |
| Difficulty in delivery of shoulders .. .. | 1 |
| Retained placenta .. .. .. .. .. | 3 |
| Postpartum haemorrhage .. .. .. .. | 1 |

**(1) Antepartum haemorrhage at 28 weeks**

Blood transfusion given and patient transferred to hospital by Flying Squad. Under observation for several weeks. Spontaneous delivery of living baby in hospital at 39 weeks.

**(2) Antepartum haemorrhage at 36 weeks**

Transferred to hospital by Flying Squad. Caesarian section performed next day. Live baby. Mother and baby made satisfactory progress.

**(3) Difficulty in delivery of shoulders**

Baby born before arrival of Flying Squad but needed resuscitation which was given by the Squad team. Baby was transferred to hospital for observation and mother for repair of a severe tear. Both made satisfactory progress and were discharged home on the 5th day.

**(4) Retained placenta**

Minimal blood loss. Manual removal of placenta at home by Emergency Obstetric team. No transfusion necessary. Mother and baby were satisfactory and were nursed at home.

**(5) Retained placenta**

Blood loss 30 ozs. Transfusion given and manual removal of placneta by the Squad team. Transferred to hospital. Discharged home on the 5th day. Mother and baby satisfactory.

**(6) Retained placenta**

Minimal blood loss. Mother had been advised to have hospital confinement in view of parity and low Hb. (Para 4. Hb. 71%). Blood transfusion and manual removal of placenta at home by Flying Squad team. Transferred to hospital for 5 days. Mother and baby made satisfactory progress.

**(7) Postpartum haemorrhage**

Severe blood loss 50—70 ozs. following delivery of placenta. Blood transfusion given and transferred to hospital by Flying Squad. A small piece of membrane was found on examination. Total of six pints of blood transfused. Discharged home on 5th day. Mother and baby made satisfactory progress.

## 20. Medical Aid

In the following cases the midwife called on the assistance of the patient's general practitioner.

(i) *Mothers booked for delivery at home*

| | |
|---|---|
| During pregnancy .. .. .. .. .. | 43 |
| In relation to labour.. .. .. .. .. | 48 |
| (of these 27 were for suturing) | |
| Early postnatal period .. .. .. .. | 27 |
| Babies .. .. .. .. .. .. | 36 |
| | 154 |

(ii) *Mothers booked for delivery in the General Practitioner Maternity Unit*

| | |
|---|---|
| During pregnancy .. .. .. .. .. | 51 |
| In relation to labour.. .. .. .. .. | 112 |
| (of these 54 were for suturing) | |
| Early postnatal period .. .. .. .. | 72 |
| Babies .. .. .. .. .. .. | 37 |
| | 272 |

(iii) *Mothers discharged from hospital during the puerperium*

| | |
|---|---|
| Mother | 47 |
| Baby | 16 |
| | 63 |

## 21. Care of mothers discharged from hospital during the puerperium

During the year mothers were discharged to the care of the midwife before the 10th day on 521 occasions (compared with 463 in 1967 and 513 in 1966).

The reasons were as follows:—

| | |
|---|---|
| Originally booked by midwife but hospital confinement arranged subsequently in view of complications arising during pregnancy | 16 |
| Originally booked by midwife but admitted to hospital during labour as a result of complications | 8 |
| To relieve pressure on hospital beds:— | |
| (*a*) Booked for early discharge | 246 |
| (*b*) Not booked for early discharge— | |
| before 6th day | 132 |
| 6th day or over | 83 |
| (*c*) Considered unsuitable for early discharge | 34 |
| Compassionate grounds | 2 |
| | 521 |

No mother discharged herself against medical advice as compared with 4 in 1967.

The triplicate form of assessment of home conditions for all maternity patients designed and accepted by the City and County Health Departments, general practitioners and consultants was used during the year with some success. This enabled midwives, who visit patients' homes, to assess their suitability for receiving a mother discharged early from hospital and to transfer this information to general practitioners, consultants and to the G.P. Unit.

The following table shows the number of patients referred to the midwives in order to assess the suitability of home conditions for either a domiciliary confinement or early discharge and the result of the investigation.

| | |
|---|---|
| Recommended for home confinement | 194 |
| Recommended for confinement at General Practitioner Maternity Unit | 405 |

| | |
|---|---|
| Recommended for hospital confinement:— | |
| (*a*) Suitable for early discharge | 426 |
| (*b*) Not suitable for early discharge | 229 |
| Miscarried prior to visit | 4 |
| Not pregnant | 1 |
| Unknown | 37 |
| Leaving Oxford | 23 |
| | 1,319 |

## 22. Postnatal care

Every effort is made to persuade mothers to attend the doctor providing maternity medical service for a postnatal examination. With the co-operation of the health visitors a record is kept of the postnatal care of domiciliary and Unit cases. At the end of March, 1969, the position was as follows:—

| | *Domiciliary* | *General Practitioner Maternity Unit* |
|---|---|---|
| Total confinements | 229 | 250 |
| Postnatal examinations carried out | 199 | 207 |
| Postnatal examinations not carried out | 10 | 7 |
| Unknown | 17 | 19 |
| Left Oxford | 3 | 17 |
| | 229 | 250 |

## 23. Training School for Midwives

Part II pupil midwives from the Churchill Hospital continued to receive three months' training with the domiciliary midwives, nine of whom are approved teachers.

In addition to their work on the district, pupils attend mothercraft classes and antenatal sessions at doctors' surgeries. During the year 32 pupils were admitted. The C.M.B. Part II examination was taken by 31 pupils, 30 of whom passed at the first attempt.

Pupils attended 209 domiciliary deliveries and 208 at the General Practitioner Maternity Unit (included in the tables of deliveries).

## 24. Postgraduate education of midwives

One midwife gained her Midwives Teachers Diploma after attending a part-time course at the Royal College of Midwives. Two midwives also attended statutory postgraduate courses during the year.

The Nuffield Maternity Home and Churchill Hospital Maternity Department arranged a series of lectures and demonstrations to which the City midwives were invited, including instruction on intubation and

the performance of episiotomies. They also attended lectures arranged by the Oxford branch of the Royal College of Midwives.

The Oxford Regional Hospital Board held a statutory course at St. Anne's College in July. Members of the midwifery staff were actively engaged in the course, taking some of the students visiting and to antenatal clinics held by general practitioners at their surgeries.

## III. Institutional Maternity Accommodation

Accommodation was provided by the Nuffield Maternity Home and the Churchill Hospital Maternity Department. Births during the past seven years have been distributed as follows:—

**Registered births of Oxford residents occurring in Oxford**

| | 1962 | 1963 | 1964 | 1965 | 1966 | 1967 | 1968 |
|---|---|---|---|---|---|---|---|
| Hospital deliveries . . . . | 1,129 | 1,239 | 1,308 | 1,288 | 1,188 | 1,072 | 1,069 |
| | 63% | 68% | 70% | 73% | 70% | 67% | 69% |
| Domiciliary deliveries . . . . | 627 | 589 | 551 | 487 | 461 | 282 | 230 |
| | 37% | 32% | 30% | 27% | 27% | 18% | 15% |
| Domiciliary deliveries at General Practitioner Maternity Unit | — | — | — | — | 46 | 232 | 253 |
| | — | — | — | — | 3% | 15% | 16% |

## IV. Notifiable Infectious Diseases Associated with Childbirth

### (1) Puerperal Pyrexia

During the first nine months of the year 11 cases of puerperal pyrexia were notified, all occurred in institutional confinements. Under the Public Health (Infectious Diseases) Regulations, 1968 puerperal pyrexia ceased to be notifiable from the 1st October, 1968.

### (2) Ophthalmia neonatorum

Six cases were notified during the year, all occurred in institutional confinements. One of these infants was born in the General Practitioner Maternity Unit. The eyes were slightly "sticky" on the 6th day and drops were prescribed by the doctor. The baby was discharged home on the 8th day but was admitted to the Eye Hospital on the 9th day.

### (3) Pemphigus neonatorum

No case of pemphigus neonatorum was notified during the year.

## V. Maternal Deaths

There was one maternal death during the year which occurred in hospital.

## B. CHILD HEALTH

### 1. Premature babies

Birth notifications included 117 live-born and 8 still-born infants weighing $5\frac{1}{2}$ lbs. or less and were subsequently classified as premature. These are notified births corrected for inward and outward transfers (Corresponding figures for 1967 were 101 live births and 14 still-births). They are classified according to weight, place of birth and survival in the accompanying table.

## Weight, place of birth and survival of premature babies (corrected notifications)

| Weight at birth | Premature Live Births | | | | | | | | | | | | Premature stillbirths | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Born in hospital | | | | Born at home | | | | | | | | | |
| | | | | | Nursed entirely at home | | | | Transferred to hospital on or before 28th day | | | | | |
| | | Died | | | | Died | | | | Died | | | Born | |
| | Total births | within 24 hours of birth | in 1 and under 7 days | in 7 and under 28 days | Total births | within 24 hours of birth | in 1 and under 7 days | in 7 and under 28 days | Total births | within 24 hours of birth | in 1 and under 7 days | in 7 and under 28 days | in hospital | at home or in a nursing home |
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) | (14) |
| 2 lb. 3 oz. or less .. .. .. .. | 4 | 1 | 2 | — | — | — | — | — | — | — | — | — | 3 | — |
| 2 lb. 4 oz.—3 lb. 4 oz. .. .. .. | 3 | — | 1 | — | — | — | — | — | — | — | — | — | 1 | — |
| 3 lb. 5 oz.—4 lb. 6 oz. .. .. .. | 20 | — | 2 | — | — | — | — | — | 1 | — | — | — | 3 | — |
| 4 lb. 7 oz.—4 lb. 15 oz. .. .. .. | 36 | — | 3 | — | — | — | — | — | 2 | — | — | — | — | — |
| 5 lb.—5 lb. 8 oz. .. .. .. .. | 44 | 1 | 1 | — | 7 | — | — | — | — | — | — | — | 1 | — |
| Total .. .. .. .. .. | 107 | 2 | 9 | — | 7 | — | — | — | 3 | — | — | — | 8 | — |

**Comments**

(i) The 117 live-born premature babies represent 7.8% of the 1,506 notified live births to Oxford residents.

(ii) Eight of the 16 notified still-births to Oxford residents were premature.

(iii) It is the policy in Oxford to arrange for as many as possible of the premature births to take place in hospital, where excellent facilities for the babies' care are available. This is achieved by the careful selection of cases for domiciliary delivery and the admission to hospital as an emergency of a mother unexpectedly going into premature labour. If admission of a premature baby after birth at home is indicated, the "Premature Baby Flying Squad" is available at the Nuffield Maternity Home to transport it. Premature babies are kept in hospital until they are well established.

Reference to the table shows that of the 117 premature births occurring in 1968 only 10 took place at home. The 7 nursed at home and the 3 transferred to hospital all survived 28 days. Of the whole group of 117 premature babies 106 (or 90%) survived 28 days.

## 2. Child Health Clinics

(a) *Staff*

Each clinic is staffed by a medical officer, one or more health visitors and a number of voluntary workers, who give regular and valuable help with clerical work, weighing of babies and the distribution of welfare foods.

The medical staff is composed as follows:—

| | |
|---|---|
| Full-time staff of the Health Department . . | 10 sessions per week |
| Part-time staff of the Health Department (not in general practice) . . | 6 sessions per week |
| General practitioners . . . . . | 15 sessions per week |

Two meetings of clinic medical officers (health department and general practitioners) were held during the year and at the evening meeting held on March 6th, Dr. H. R. Vickers, consultant dermatologist to the United Oxford Hospitals, spoke on common skin ailments in children, illustrating his talk with colour slides. At the second meeting in October, the film "Kate", a study in child separation was shown. There was, unfortunately, a disappointingly small attendance at both meetings.

(*b*) *Attendances at clinics*

The attendances at clinics during the year are shown in tabular form. An attendance is recorded only if a child comes for advice, weighing or to see the doctor. Thus attendances merely for obtaining National Welfare Foods are excluded.

Comparing the clinic attendances with those for last year, it will be seen that the total attendances decreased by 3,644 and the number of children attending decreased by 139.

The number of clinic sessions held during the year numbered 1,584 compared with 1,640 in 1967. The decrease is due to the fact that it has now become necessary to hold only one local authority session at both Donnington and Slade Park clinics, but one new general practitioner clinic started at East Oxford Health Centre in November, 1968. By the end of the year, 31 regular sessions were being held weekly, 15 of which were for practice patients only. The proportion of clinic sessions undertaken by family doctors and restricted to practice patients is now 48%.

One local authority clinic moved its venue within the same area of the City during the year and at this clinic and two other general practitioner clinics, pilot schemes involving appointment systems for the doctor are in operation.

The average attendance at all but seven clinics has dropped steadily, particularly in those central areas where redevelopment is taking place. In districts where re-building is occurring and at Health Centres, the average has been maintained or in a few instances, substantially increased.

County children continued to be seen by arrangement with the County Health Department, at Barton, Slade Park and Rose Hill clinics.

| | No. of children who first attended and at their first attendance were under 1 year | Number of children who attended and who were born in | | | Total No. of children who attended during the year | No. of attendances made by children who at their first attendance were | | | Total attend-ances | Number of Sessions | Average attend-ances |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 1968 | 1967 | 1966-63 | | Under 1 yr. | 1 but under 2 yrs. | 2 but under 5 yrs. | | | |
| Bury Knowle, Headington | 72 | 64 | 71 | 97 | 232 | 851 | 186 | 133 | 1,170 | 51 | 23.00 |
| Bury Knowle, Headington (General Practice clinic—2 clinics weekly) | 81 | 77 | 89 | 109 | 275 | 1,100 | 293 | 195 | 1,588 | 103 | 15.42 |
| Barton | 52 | 44 | 58 | 95 | 197 | 862 | 308 | 116 | 1,286 | 51 | 25.21 |
| Cowley | 60 | 50 | 82 | 136 | 268 | 838 | 320 | 260 | 1,418 | 50 | 28.36 |
| Cowley (General Practice clinic A) | 46 | 42 | 50 | 93 | 185 | 664 | 228 | 210 | 1,102 | 51 | 21.61 |
| Cowley (General Practice clinic B) | 54 | 49 | 63 | 139 | 251 | 687 | 275 | 349 | 1,311 | 53 | 24.73 |
| East Oxford (2 clinics weekly—third General practice clinic commenced w.e.f. 28.11.68) | 121 | 118 | 103 | 107 | 328 | 1,303 | 255 | 123 | 1,681 | 54 | 31.13 |
| East Oxford (General Practice clinic A) | 76 | 69 | 59 | 74 | 202 | 932 | 259 | 208 | 1,399 | 51 | 27.43 |
| East Oxford (General Practice clinic B) | 97 | 87 | 79 | 104 | 270 | 1,107 | 282 | 186 | 1,575 | 50 | 31.50 |
| South Oxford | 64 | 50 | 41 | 56 | 147 | 623 | 149 | 146 | 918 | 50 | 18.36 |
| South Oxford (General Practice clinic) | 53 | 42 | 42 | 76 | 160 | 700 | 139 | 161 | 1,000 | 53 | 18.87 |
| West Oxford | 54 | 50 | 44 | 75 | 169 | 839 | 215 | 95 | 1,149 | 53 | 21.68 |
| Summertown (2 clinics weekly) | 127 | 111 | 141 | 246 | 498 | 1,568 | 500 | 360 | 2,428 | 104 | 23.35 |
| Summertown Health Centre—(General Practice clinic) | 78 | 62 | 81 | 172 | 315 | 1,011 | 311 | 276 | 1,598 | 53 | 30.00 |
| Slade Park | 51 | 46 | 95 | 105 | 246 | 862 | 272 | 269 | 1,403 | 89 | 15.76 |
| New Marston | 44 | 44 | 46 | 90 | 180 | 662 | 183 | 154 | 999 | 51 | 19.59 |
| Wolvercote | 39 | 31 | 28 | 52 | 111 | 721 | 169 | 139 | 1,029 | 51 | 20.18 |
| Donnington | 75 | 65 | 90 | 136 | 291 | 793 | 308 | 253 | 1,354 | 56 | 24.18 |
| Donnington (General Practice clinic) | 44 | 43 | 70 | 96 | 209 | 609 | 199 | 164 | 972 | 50 | 19.44 |
| St. Barnabas | 48 | 41 | 40 | 80 | 161 | 583 | 196 | 181 | 960 | 50 | 19.40 |
| St. Barnabas (General Practice clinic) | 52 | 45 | 33 | 83 | 161 | 605 | 169 | 171 | 945 | 51 | 18.53 |
| Northway | 53 | 50 | 48 | 96 | 194 | 750 | 191 | 140 | 1,081 | 51 | 21.20 |
| Rose Hill Community Centre | 53 | 51 | 69 | 101 | 221 | 670 | 266 | 165 | 1,101 | 51 | 21.59 |
| Blackbird Leys | 84 | 77 | 102 | 211 | 390 | 847 | 323 | 365 | 1,535 | 51 | 30.10 |
| Blackbird Leys (General Practice clinic A) | 40 | 35 | 44 | 93 | 172 | 607 | 160 | 248 | 1,015 | 53 | 19.01 |
| Blackbird Leys (General Practice clinic B—2 clinics weekly) | 96 | 84 | 110 | 311 | 505 | 1,326 | 378 | 545 | 2,249 | 102 | 22.05 |
| 12 Old High Street, Headington (General Practice clinic) | 46 | 45 | 50 | 107 | 202 | 635 | 166 | 215 | 1,016 | 51 | 19.92 |
| | 1,760 | 1,572 | 1,828 | 3,140 | 6,540 | 22,755 | 6,700 | 5,827 | 35,282 | 1,584 | 22.27 |

The following figures indicate the attendances made by children (included in the above table) who lived in the County. The majority of the children attended the Slade Park, Barton and Rose Hill clinics. Oxfordshire County Council contributed on a proportional basis to the running expenses of these clinics.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 168 | 162 | 183 | 239 | 583 | 1,896 | 612 | 419 | 2,927 |

(*c*) *Medical work at clinics*

The medical officers continued to keep a record of their work. There were 1,584 sessions at which a doctor was present and altogether children under 5 years of age were seen by a doctor on 20,406 occasions.

A new and simplified record of the clinic doctors' work was introduced on 1st January, 1968.

The following tables gives a summary of the reasons for which children were seen by a doctor:—

| | | |
|---|---|---|
| Immunisation and vaccination .. .. .. .. | 11,797 | 52% |
| Routine medical examinations:— | | |
| Initial .. .. .. .. .. .. | 1,583 | |
| 6 months .. .. .. .. .. .. | 336 | |
| 1st year .. .. .. .. .. .. | 1,089 | 21% |
| 2nd year .. .. .. .. .. .. | 819 | |
| 3rd year .. .. .. .. .. .. | 630 | |
| 4th year .. .. .. .. .. .. | 434 | |
| Consultation in relation to a problem .. .. .. | 6,066 | 27% |

The following table gives a summary of the nature of the problems about which the mother originally sought advice from the doctor:—

| | |
|---|---|
| Feeding problems .. .. .. .. | 426 |
| Physical illness or defect .. .. .. | 4,036 |
| Fitness for prophylaxis .. .. .. | 687 |
| Behaviour problem .. .. .. .. | 287 |
| Other .. .. .. .. .. .. | 630 |
| | 6,066 |

The following table shows the number of children referred elsewhere for treatment:—

| | |
|---|---|
| Family doctors .. .. .. .. | 111 |
| *Hospital departments .. .. .. .. | 87 |
| | 198 |

*In these cases the family doctor is always informed of the consultant's findings.

**Comments**

The work undertaken by clinic medical officers has remained approximately the same, 52% children attending for immunisation and vaccination (49% in 1967), 21% for routine examination (21%) and 27% for consultation in relation to a problem (30%).

(*d*) *Loan of test feeding scales*

Accurate scales are loaned to mothers with breast feeding problems for use at home at the request of general practitioners, clinic doctors, health visitors or midwives. This occurred on 58 occasions.

(*e*) *Food and medicaments*

National Welfare Foods are distributed during office hours at a central distribution centre at the Health Department as well as at every child health clinic.

We are extremely fortunate in having the services of voluntary workers who carry out the exacting tasks of distribution at the clinics.

The number of items distributed during the year (with last year's figures for comparison) were as follows:—

| | At Health Department | | At clinics | | Total | |
|---|---|---|---|---|---|---|
| | 1967 | 1968 | 1967 | 1968 | 1967 | 1968 |
| Tins of National Dried Milk .. .. .. | 4,591 | 3,647 | 19,167 | 16,335 | 23,758 | 19,982 |
| Bottles of National Codliver Oil Compound .. .. | 404 | 245 | 2,047 | 2,118 | 2,451 | 2,363 |
| Bottles of Concentrated Orange Juice .. .. | 5,606 | 4,892 | 28,384 | 27,076 | 33,990 | 31,968 |
| Packets of Vitamin and Mineral tablets .. .. | 379 | 258 | 878 | 811 | 1,257 | 1,069 |
| | 10,980 | 9,042 | 50,476 | 46,340 | 61,456 | 55,382 |

These figures do not include items issued to hospitals and other institutions.

Every effort is made by clinic doctors and health visitors to ensure a vitamin intake which is adequate on the one hand and not excessive on the other. Ascorbic acid tablets are available if there is an intolerance to concentrated orange juice and the alternative proprietary preparations, and where families are in poor financial straits. These and vitamin A and D drops are also given routinely to premature infants without charge.

(*f*) *Teaching*

Medical students attended four sessions at child health clinics in order to receive instruction in child care, infant feeding and the various prophylactic procedures.

General practitioners attending post-graduate courses organised by the Post-Graduate Medical School also attended child health clinics during the year.

Student health visitors, pupil midwives and student district nurses also attended clinics for instruction in child care.

### 3. The Early Diagnosis of Deafness

The early diagnosis and treatment of deafness is of the utmost importance for normal speech development and for the prevention of psychological disturbance. Health visitors are responsible for ensuring that children in their care are screened for possible impairment of hearing between 7—12 months of age. Children with suspected deafness are referred to the clinic medical officer for confirmation and hospital referral if necessary.

During the year health visitors tested 1,692 children aged 7—12 months and 23 over twelve months. Thirteen children required further investigation (including two County children attending City clinics) of whom two were aged under one year and eleven over one year.

Of this total number, six were found to have normal hearing but two were referred to the Speech Therapist for speech training.

Two children were found to have a slight hearing loss and were being kept under observation by the Hearing Therapist. A further two were admitted for adenoidectomy and a third for investigation under anaesthesia for a persistent conductive deafness.

The remaining two cases referred were still under investigation at the end of the year.

### 4. Register of Handicapped Pre-School children

The registration of handicapped or potentially handicapped pre-school children has continued. Initial notification is the responsibility of the health visitor who then reports on the child's progress at regular intervals to the medical officer keeping the register. Information about the children is passed to the School Health Service or to the Mental Welfare Division when it becomes apparent that some special action will have to be taken. In this way, every effort is made to ensure that adequate support for the parents is provided and the assessment of the child's educational needs is made before he reaches school age.

There were 101 children on the register at the end of the year. Thirty-five new cases were registered with the following handicaps:—

| | |
|---|---|
| Mental retardation | 15 |
| Congenital abnormalities or disease | 14 |
| Neurological disease | 3 |
| Other | 3 |

All children were adequately cared for at home except for two at the Special Unit, Marlborough Hospital and two in the care of the Children's Department.

One child attended the Mabel Prichard School two attended the Deaf Unit and one the Royal School for the deaf.

One handicapped child died during the year following an operation for severe congenital heart disease.

## 5. Notification of Congenital Abnormalities

This was the fourth year of notification to the Registrar General of all congenital abnormalities observable at birth.

The total number of infants notified was 23, an incidence of 15 per thousand total births, a decrease as compared with 1967 when it was 17 per thousand total births.

The number of abnormalities present was 31, an incidence of 20 per thousand total births. These abnormalities occurred in 10 live-born and 2 still-born female infants and 10 live-born and one still-born male infants. Five of these infants were born at home, 5 in the General Practitioner Maternity Unit and the remainder in hospital. Only 3 of the infants were premature as compared with 9 in 1967. One mongol infant died two weeks after birth.

The distribution of abnormalities was as follows:—(with figures for 1967 in parenthesis).

| | | |
|---|---|---|
| Central nervous system .. .. | 7 | (7) |
| Eyes and ears .. .. .. | 1 | (2) |
| Alimentary system .. .. .. | 2 | (6) |
| Heart and great vessels .. .. | — | (1) |
| Respiratory system .. .. .. | — | (—) |
| Uro-genital system .. .. .. | 4 | (2) |
| Limbs .. .. .. .. .. | 10 | (10) |
| Other skeletal .. .. .. | — | (1) |
| Other systems .. .. .. | 3 | (1) |
| Other malformations .. .. | 4 | (2) |
| | 31 | (32) |

In three instances, live-born infants had three or more abnormalities. The age and parity of the mothers is shown in the following table:—

| Age in years | Parity | | | | | | | Total |
|---|---|---|---|---|---|---|---|---|
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | |
| 15—19 | 4 | 1 | — | — | — | — | — | 5 |
| 20—24 | 3 | — | 2 | 1 | — | — | — | 6 |
| 25—29 | — | 4 | — | 1 | 1 | — | — | 6 |
| 30—34 | — | 1 | 1 | 1 | 1 | 1 | — | 5 |
| 35—39 | — | — | — | — | — | — | — | — |
| 40—44 | — | — | — | 1 | — | — | — | 1 |
| 45—49 | — | — | — | — | — | — | — | — |
| Unknown | — | — | — | — | — | — | — | — |
| | 7 | 6 | 3 | 4 | 2 | 1 | — | 23 |

It is interesting to note that the incidence of congenital abnormalities occurring in infants of primagravida was greatest in the 15—19 year

age-group of mothers, indicative of the trend in earlier marriage and child-bearing. In 1967 there were no notifiable abnormalities in children of mothers of this age-group.

## 6. Infant Deaths

| Cause of Death | Weeks | | | | Total | Months | | | | Grand Total | Died in Institutions |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0—1 | 1— | 2— | 3—4 | | 1— | 3— | 6— | 9—12 | | |
| Prematurity | 5 | — | — | — | 5 | — | — | — | — | 5 | 5 |
| Pulmonary oedema, intra-partum asphyxia | 1 | — | — | — | 1 | — | — | — | — | 1 | 1 |
| Intracranial haemorrhage, perinatal injury | 1 | — | — | — | 1 | — | — | — | — | 1 | 1 |
| Intracranial birth injury | 1 | — | — | — | 1 | — | — | — | — | 1 | 1 |
| Congenital malformations | 2 | — | — | — | 2 | 1 | — | — | — | 3 | 3 |
| Inhalation of vomitus due to mongolism | — | 1 | — | — | 1 | — | — | — | — | 1 | — |
| Inhalation of vomotus | — | — | — | — | — | 1 | — | — | — | 1 | — |
| Septicaemia, fibrocystic disease of pancreas | 1 | — | — | — | 1 | — | — | — | — | 1 | 1 |
| Cardiac failure, birth anoxia | 1 | — | — | — | 1 | — | — | — | — | 1 | 1 |
| Massive pulmonary haemorrhage, dysmaturity | 1 | — | — | — | 1 | — | — | — | — | 1 | 1 |
| Cardio-respiratory failure, intra-uterine sepsis | 1 | — | — | — | 1 | — | — | — | — | 1 | 1 |
| Respiratory distress syndrome | 2 | — | — | — | 2 | — | — | — | — | 2 | 2 |
| Fulminating respiratory infection, gastro-enteritis | — | — | 1 | — | 1 | — | — | — | — | 1 | — |
| Bronchiolitis | — | — | — | — | — | 1 | — | — | — | 1 | — |
| | 16 | 1 | 1 | — | 18 | 3 | — | — | — | 21 | 17 |

**Comments**

There were 21 infant deaths during the year of which 4 occurred at home. This represents an infant mortality rate of 13.46 compared with the national figure of 18.0.

Sixteen of these infant deaths occurred in the first week of life. All died in hospital and in 5 cases prematurity was the major cause of death and in 2 more, a contributory cause. Two infants died of intra-ventricular haemorrhage two days after birth, 2 of respiratory distress syndrome, one of fibrocystic disease of the pancreas, one with meningo-myelocele, one with exomphalos, one of cardiac failure caused by myoma of the inter-ventricular septum and one of pulmonary oedema following intra-partum asphyxia.

Two infants died during the first month. Both were "cot" deaths at home, in one instance being due to a fulminating respiratory infection in a baby recovering from gastro-enteritis, and in the other, to inhalation of vomitus in a mongol child.

Of the remaining 3 infants, all died before the age of three months, 2 being "cot" deaths at home due, in one instance, to bronchiolitis and in the other, to inhalation of vomitus. The third death occurred in hospital and was that of a multiple congenitally deformed infant who had never left the Special Care Unit following birth.

In contrast with the previous years' figures, far fewer infants died as a result of acute respiratory infection, 2 only occurring during 1968 compared with 6 in 1967 and 5 in 1966.

Special enquiry into these 2 cases and the other 2 cases of "cot" deaths failed to reveal any relevant causal factors.

## 7. Screening for Phenylketonuria

Routine screening procedures for phenylketonuria and other inborn errors of metabolism by paper chromatographic methods continued throughout the year; 1,323 infants were tested and in 85 cases doubtful reactions were re-tested. Of these two were found to be positive for tyrosinuria, and both infants were referred to paediatricians for further investigation.

## 8. Nurseries

(*a*) *Day Nurseries*

The two-day nurseries continued to admit children under the age of three years. Priority is given to those who cannot be cared for adequately by their mothers owing to some special hardship.

The decision to admit a child is the responsibility of an assistant medical officer who investigates the case fully and sanctions admission only if it is in the best interest of the child.

Reasons for admission for new children were as follows:—

| | *Botley Road* | *Florence Park* |
|---|---|---|
| Doctor's recommendation .. .. | 3 | 2 |
| Illegitimate children .. .. .. | 13 | 17 |
| Illness of parent .. .. .. | 11 | 4 |
| Parents separated .. .. .. | 6 | 5 |
| Mother teaching .. .. .. | — | 3 |
| Parent student .. .. .. .. | 4 | 1 |
| | 37 | 32 |

Details of attendances and staff during the year are given in the following table:—

| | No. of places available at end of year | No. of admissions during year | | No. on register at end of year | | Average daily attendance | | Number of staff at end of year |
|---|---|---|---|---|---|---|---|---|
| | | Under 2 yrs. | Over 2 yrs. | Under 2 yrs. | Over 2 yrs. | Under 2 yrs. | Over 2 yrs. | |
| Botley Road | 30 | 25 | 12 | 18 | 13 | 10.75 | 12.26 | 4 |
| Florence Park | 30 | 24 | 8 | 19 | 14 | 13.61 | 11.11 | 4 |

**Comments**

The nurseries are visited weekly by the same medical officer who supervises the health and welfare of the children, and with written consent of the mother or guardian, carries out any prophylactic procedures which may be considered necessary.

The maximum charge for a child's maintenance at the nursery was 18/9d. per day. Parents are assessed according to income, subject to a minimum charge of 3/- per day. This latter charge will be increased to 4/- per day on the 6th January, 1969.

The following table shows the assessments for children on the register at the end of the year:—

| *Assessed to pay* | *Botley Road* | *Florence Park* |
|---|---|---|
| 18/9d. per day (maximum) .. .. | 1 | 7 |
| 17/- to 5/- per day .. .. .. | 5 | 6 |
| 4/10d. to 3/1d. per day .. .. | 2 | 4 |
| 3/- per day (minimum) .. .. | 18 | 14 |
| *Children from other local authorities .. | 5 | 2 |
| | 31 | 33 |

*In these cases the County authority is responsbile for payment of full cost.

Both nurseries provide facilities for students attending the Education Department's course for the National Nursery Examination Board Certificate.

(*b*) *Nurseries and Child Minders Regulation Act.*

Details of registration under the Act are shown in the following table:—

| | Registered premises | Registered persons |
|---|---|---|
| Number of premises or persons registered at end of year | 21 | 14 |
| Number of children permitted | 601 | 83 |

The following table shows the type of care (all day or sessional) provided by premises and persons registered:—

| | Premises providing | | Persons providing | |
|---|---|---|---|---|
| | All day care | Sessional care | All day care | Sessional care |
| Number of premises or persons | 2 | 19 | 10 | 4 |
| Number of children permitted | 114 | 487 | 49 | 34 |

By the end of the year the following registrations (included in the foregoing table) were brought about as a direct result of the amendments to the Act of 1948 made by sections 60 (2) and 60 (3) of the Health Services and Public Health Act 1968 which came into force on the 1st November, 1968.

| | Registered premises | Registered persons |
|---|---|---|
| Number of premises or persons | 2 | 3 |
| Number of children permitted | 31 | 18 |

During the year there was a steady increase in the demand for registered facilities for organised play and supervision for the child under five years of age.

There has also been considerable interest shown and good attendances made by the organisers and leaders of these groups in the Course organised for them by the Department of Home Management at the Oxford College of Further Education. This is to be extended and developed in the future, with a week's summer school at the end of the current academic year. The Oxford branch of the Nursery Schools Association and the Pre-School Play-groups Association have also been active in inviting play-group organisers to their meetings and functions.

With the introduction of new legislation regarding the day care of children under five years on November 1st, 1968, a large number of women caring for one or more children in their own homes have applied for registration. The careful investigation and supervision required to maintain high standards of care has meant a heavy increase in this work carried out by a senior health visitor and an assistant medical officer.

Following initial registration all play-groups and child minders are visited and supervised regularly by a health visitor.

(*c*) *Save the Children Fund Play-groups*

Two play-groups function in the City under the auspices and with the financial help of the "Save the Children Fund."

The East Oxford play-group is held on four mornings and one afternoon weekly. Two trained nursery nurses act as full-time organisers helped voluntarily by mothers and senior school children.

At the end of the year there were 68 children attending for at least two sessions each week. Those on the register were:—

| | |
|---|---|
| British (including Irish) .. .. .. .. | 37 |
| West Indian .. .. .. .. .. | 14 |
| Pakistani .. .. .. .. .. .. | 8 |
| Indian .. .. .. .. .. .. | 2 |
| Italian .. .. .. .. .. .. | 4 |
| Yugoslav .. .. .. .. .. .. | 1 |
| Singapore .. .. .. .. .. .. | 2 |

The waiting list has been reduced to 24 children of varying nationality.

The Slade Park "Save the Children Fund" playgroup is held at the Slade Park Clinic five mornings weekly, 20 children attending each session. A trained nursery nurse acts as organiser with voluntary assistance from a rota of mothers. The children attending are from the Homeless Families Unit and those resident in the near vicinity, whom health visitors consider would benefit from attending a playgroup.

During the year officers from the "Save the Children Fund" have visited both play-groups on a number of occasions.

## 9. Co-ordinating Committee for Children Neglected or Ill-treated in their Own Homes

The Committee, under the Chairmanship of the Children's Officer, met approximately every six weeks during the year and a total of 26 families were discussed, several on a number of occasions. In addition case conferences of the individual workers concerned, including the family doctor and health visitor, were held on a number of occasions.

The meetings are of value in permitting members to pool information and agree on future policy. Wherever possible, co-ordinated action is aimed at obtaining the most effective help and guidance for the family under review.

## 10. Adoption Act 1958 (Dr. Phillips)

The Children's Department acting as an Adoption Agency is responsible for the placing of babies for adoption. On their behalf 56 infants were examined either at the Mother and Baby Hostel or in the new examination room at the Health Department.

A paediatrician's opinion was obtained for seven infants and a geneticist's opinion was obtained for two infants in whom there was some doubt about progress or future development, but in all cases it proved possible to place these children successfully after a short delay.

In every case the medical reasons for delay were discussed fully with the Child Care Officer concerned, so that prospective adopters could be advised appropriately. In one case it was also thought desirable for the prospective adopters to discuss the infant's health with the doctor, and an interview was arranged.

A doctor from the Health Department advises the Adoption Sub-Committee about Medical aspects of cases when the suitability of prospective adopters is being considered. The Children's Department seeks a medical opinion in all such cases, of which there were 59 this year. This often entails consulting the applicant's family doctor or specialist as well as offering advice about the routine medical reports which are obtained. In two cases it also proved necessary to interview applicants to resolve doubts about some aspects of their medical history, and to ensure as far as possible that they were suitable, both physically and mentally to adopt a child.

## 11. Care of Illegitimate Children

There were 194 registered illegitimate live-births to Oxford residents. This represents 12.44 of all live-births, compared with 13.28 in 1967. Of the 178 illegitimate births which occurred in the City, there were 66 cases in which the father and mother registered the birth together.

### Mother and Baby Hostel

Mothers are admitted at the request of a social worker when the need arises, either in pregnancy or after the baby is born.

Cases are also admitted from other Local Health Authorities who are responsible for the full cost of maintenance, and 29 such cases were admitted during the year.

There is an annexe, consisting of a single room with toilet facilities, which is intended for overnight emergency accommodation for a homeless woman with or without a baby. There were 6 admissions to the annexe during the year.

Admissions and discharges (excluding the annexe) were as follows:—

| | *Admissions* | *Discharges* |
|---|---|---|
| Mothers .. .. .. | 51 | 56 |
| Babies .. .. .. | 29 | 30 |

The average length of stay was as follows:—

| | |
|---|---|
| Antenatal .. .. .. .. | 35 days |
| Postnatal .. .. .. .. | 25 days |

The disposal of the 19 City mothers with illegitimate babies discharged during the year was as follows:—

| | |
|---|---|
| Discharged with every prospect of keeping baby and giving it adequate care (i.e. own home, marriage, domestic post, etc. | 10 |
| Mother to lodgings, baby for adoption .. .. .. .. | 2 |
| Mother to own home, baby for adoption .. .. .. | 1 |
| Mother to own home, baby to foster home .. .. .. | 3 |
| Mother to own home, baby taken into care by Children's Department .. .. .. .. .. .. .. | 2 |
| Mother and baby taken into care by Children's Department .. | 1 |

# SECTION VI

## MATERNITY AND CHILD HEALTH DENTAL SERVICE

The year has shown a consolidation of recent advances made in persuading parents of pre-school children to seek dental advice regularly. For many years, it has been the main endeavour, of dental health education in the City, to convince parents of the desirability of regular visits to the dentist for all children of three years of age and over. The efforts in this direction of the Health Education Officer, Medical Officers and Health Visitors are showing results and undoubtedly gathering momentum. Also, patients referred by doctors practising in the Health Centre contribute to the number attending the Clinic under the Maternity and Child Health scheme.

It can confidentally be expected that this aspect of the work of the Clinic will steadily increase in importance in the future, and priority will always be accorded to this group of patients.

| | *Children under 5 years* | *Expectant and nursing mothers* |
|---|---|---|
| (i) *Inspections* | | |
| Patients given first inspections .. .. | 166 | 13 |
| Patients who required treatment .. | 144 | 13 |
| Patients who were offered treatment .. | 144 | 13 |
| (ii) *Visits for treatment* | | |
| First visits .. .. .. .. .. | 166 | 13 |
| Subsequent visits .. .. .. .. | 86 | 34 |
| Total visits .. .. .. .. | 252 | 47 |
| (iii) *Treatment provided* | | |
| Teeth filled .. .. .. .. | 168 | 11 |
| Teeth extracted .. .. .. .. | 69 | 43 |
| Scaling or removal of stains .. .. | 88 | 12 |
| Teeth otherwise conserved .. .. | 175 | — |
| (iv) Number of courses of treatment completed | 155 | 12 |

# SECTION VII

## MENTAL HEALTH

### 1. Administration

#### (a) Staff

The Medical Officer of Health has delegated to his deputy the day to day supervision of the Division and the Chief Mental Health Officer co-ordinates the work done by the Mental Health Officers, Mabel Prichard School, Industrial Training Unit and the two Hostels.

#### (b) Co-ordination with Hospitals

The vice-chairman of the Health Committee and the Medical Officer of Health were members of the Isis Group Hospital Management Committee and the Medical Officer of Health was chairman of the Medical Advisory Committee.

Dr. D. Bridgford, Consultant Psychiatrist at Borocourt Hospital, holds a monthly out-patient clinic for the mentally handicapped at the Park Hospital, which is proving extremely valuable.

The Mental Health Officers attend case conferences, out-patient clinics and clinical meetings at local psychiatric hospitals, and work closely with the hospital staff.

#### (c) Voluntary Associations

The Chief Mental Health Officer is a member of the Committees of the Oxford & District Society for the Mentally Handicapped and the local branch of the National Association for Mental Health. He is also chairman of the Community Activities Sub-Committee of the latter Association which runs both a relatives' group and a social club. The Oxford Branch of the National Society for Mentally Handicapped Children also runs a social club for adults, besides its many other activities. The Deputy Medical Officer of Health is a member of the Management Committee of Rutland House, 41 Davenant Road, a Hostel for students run by the Richmond Fellowship which came into full use during the year. The Oxford and District Council on Alcoholism on whose Executive Committee the Deputy Medical Officer of Health serves, provides a house for recovered and convalescent ex-alcoholics at 81 Cowley Road.

#### (d) Training

One Mental Health Officer returned to the department having obtained a Certificate in Social Work at the North Western Polytechnic, London, and another is now in his second year at the Bristol College of Commerce. One instructor returned to the Industrial Training Unit from the Chiswick Polytechnic where he obtained the Diploma for Teachers of the Mentally Handicapped and another instructor started a similar

course in Birmingham in October. A teacher at the Mabel Prichard School started a year's Diploma course for mature students at Culham College. A student from Barnett House Department of Social work and Administrative Studies, University of Oxford, came to the division for observation placement and another attended for supervised casework. A further student was also taken from High Wycombe College of Technology. Two students from the Bristol course for the Diploma for Teachers of the Mentally Handicapped did their practical work at the Mabel Prichard School and two from Birmingham did theirs at the Industrial Training Unit. Mrs. Evelyn Sithole came over from Salisbury, Rhodesia, to spend six weeks at St. Nicholas House before returning home to start the first hostel for coloured mentally handicapped children in Rhodesia.

**(e) Visitors**

A considerable amount of staff time was spent showing visitors the work of the division and particularly our Hostels, School and Industrial Training Unit. As well as medical and nursing students from local training schools and colleges, there were many visitors from overseas, coming from as far afield as Australia, New Zealand, France, Germany, Yugoslavia and Rhodesia.

Nearer home we have been honoured this year by a joint visit from Professor Tizzard, of the Department of Child Development, London University and Dr. O'Connor of the Medical Research Council.

## 2. Work in the Community

## A. The Mentally Ill

### (i) Admissions and discharges from hospital

| Admissions | 1963 | 1964 | 1965 | 1966 | 1967 | Average 1963—67 | 1968 |
|---|---|---|---|---|---|---|---|
| *Section* 25 (admission for observation on 2 medical certificates) | 72 | 56 | 50 | 83 | 89 | 70.0 | 71 |
| *Section* 26 (admission for treatment on 2 medical certificates) | 5 | 6 | 3 | 5 | 4 | 4.6 | 9 |
| *Section* 29 (emergency admission on 1 medical certificate) | 76 | 81 | 66 | 59 | 48 | 66.6 | 39 |
| *Section* 60 (admission via a court, assizes or quarter sessions) | 2 | 3 | 4 | 4 | 2 | 3.0 | 3 |
| *Section* 65 (Court order restricting discharge) | 1 | — | 1 | 3 | 1 | 1.2 | — |
| *Section* 136 (admission to a place of safety | — | — | — | — | 3 | 0.6 | — |
| *Section* 30 | — | — | — | — | — | — | 1 |
| *Total compulsory admissions* | 156 | 146 | 124 | 154 | 147 | 145.4 | 123 |
| *Informal admissions* | 511 | 485 | 537 | 599 | 605 | 547.4 | 643 |
| Total admissions | 667 | 631 | 661 | 753 | 752 | 692.8 | 766 |
| *Deaths in hospitals* | 33 | 40 | 37 | 50 | 45 | 41.0 | 35 |
| *Left hospital* | 554 | 583 | 621 | 686 | 710 | 630.8 | 724 |
| *Total discharges* | 587 | 623 | 658 | 736 | 755 | 671.8 | 759 |
| *Difference between recorded numbers admitted and discharged* | 80 | 8 | 3 | 17 | −3 | 21.2 | 7 |

The number of informal admissions rose again for the fourth year in succession and is once more the highest recorded. The number of compulsory admissions fell slightly, so that there was a small overall rise in the total number of admissions to hospital.

The number of admissions under Section 29 of the Mental Health Act was again reduced, but because of the fall in the total number of compulsory admissions, the proportion of them made under Section 29 rose slightly from 30% to 32%.

### (ii) Admission of the elderly to psychiatric hospitals

The following table shows figures for this year and the previous five years:—

*Admissions to psychiatric hospitals*

| *Age* | 1963 | 1964 | 1965 | 1966 | 1967 | Average 1963–67 | 1968 |
|---|---|---|---|---|---|---|---|
| 60—69 .. | 40 | 39 | 51 | 52 | 54 | 47.2 | 63 |
| 70—79 .. | 38 | 37 | 33 | 37 | 35 | 36.0 | 38 |
| Over 80 .. | 24 | 22 | 31 | 43 | 39 | 31.8 | 34 |
| | 102 | 98 | 115 | 132 | 128 | 115.0 | 135 |

Nearly a quarter (31 out of a total of 135 patients) had had previous spells of admission to hospital.

### (iii) Supervision

During the year 149 mentally ill patients and 2 psychopaths were referred to the Mental Health Division, and at the end of the year there were 253 mentally ill patients under supervision. The sources of referral are indicated in the table below:—

| Referred by | Mentally Ill | | | | Psychopathic | | | |
|---|---|---|---|---|---|---|---|---|
| | Under age 16 | | 16 and over | | Under age 16 | | 16 and over | |
| | M | F | M | F | M | F | M | F |
| (*a*) General Practitioners | — | — | 13 | 13 | — | — | 1 | — |
| (*b*) Hospitals, on discharge from inpatient treatment .. .. .. | — | — | 7 | 12 | — | — | — | — |
| (*c*) Hospitals, after or during outpatient or day treatment .. | — | — | 18 | 17 | — | — | — | — |
| (*d*) Police and courts .. | — | — | 6 | 5 | — | — | — | — |
| (*e*) Patient or family .. | — | — | 10 | 6 | — | — | — | — |
| (*f*) Medical Social Workers | — | — | — | — | — | — | — | — |
| (*g*) Health Visitors .. | — | — | 4 | 2 | — | — | — | — |
| (*h*) Children's Officer .. | — | — | 1 | 5 | — | — | — | 1 |
| (*i*) Voluntary bodies .. | — | — | 1 | — | — | — | — | — |
| (*j*) D.R.O. .. .. | — | — | 1 | — | — | — | — | — |
| (*k*) Ministry of Social Security .. .. | — | — | — | — | — | — | — | — |
| (*l*) Welfare Division .. | — | — | 2 | 7 | — | — | — | — |
| (*m*) Other sources .. | — | — | 10 | 9 | — | — | — | — |
| Total .. .. | — | — | 73 | 76 | — | — | 1 | 1 |

## B. Subnormality

### (i) Ascertainment

The majority of the 39 new cases were referred by relatives or the Health Visitor concerned. The Education Department referred 6 cases (three for admission to the Training Centre and three for supervision after leaving school) and hospitals referred 4 cases for ascertainment.

At the end of the year these were placed as follows:—

| | |
|---|---|
| Working | 13 |
| Mabel Prichard School | 2 |
| Industrial Training Unit | 4 |
| Hospital | 4 |
| At home (pre-school 7, unemployed 6) | 13 |
| Left district | 2 |
| Returned to Infants School | 1 |
| | 39 |

**(ii) Accommodation in hospital**

**(a) Waiting Lists**

Four children and one adult were on the waiting list for hospital admission at the end of the year. Two of these, both children under five, were in need of admission urgently. One had been waiting for 1 year 7 months and one for one year.

**(b) Oxford residents in hospitals inside the Region**

| | 1963 | | | 1968 | | |
|---|---|---|---|---|---|---|
| | M. | F. | | M. | F. | |
| Borocourt | 22 | 28 | | 33 | 25 | |
| Bradwell Grove | 12 | 1 | | 16 | 3 | |
| Cotshill Hospital | 4 | 2 | | 3 | 1 | |
| Cumnor Rise | — | 9 | | — | 9 | |
| Northview Hospital | — | 4 | | — | 1 | |
| Pewsey Hospital | 7 | 8 | | 7 | 9 | |
| Purley Park | 2 | — | | — | — | |
| Smiths Hospital, Henley | 4 | 2 | | 4 | 1 | |
| Style Acre, nr. Wallingford | 3 | — | | 3 | — | |
| Wayland Hospital | — | 13 | | — | 9 | |
| | 54 | 67 | =121 | 66 | 58 | =124 |

**(c) Oxford residents in hospitals, outside the Region**

| | 1963 | | 1968 | |
|---|---|---|---|---|
| | M. | F. | M. | F. |
| Barvin Park, Potters Bar | 4 | — | 3 | — |
| Cell Barnes Colony, St. Albans | 1 | 1 | 1 | 1 |
| Etloe House, Leyton, London | — | 2 | — | 1 |
| Glenfrith Hospital, Leicester | — | — | 1 | — |
| Leybourne Grange Colony, West Malling | 1 | — | 1 | 1 |

| | | | | |
|---|---|---|---|---|
| Lisieux Hall, Chorley .. .. .. | 1 | — | — | — |
| Manor House, Aylesbury .. .. | 2 | 5 | 2 | 3 |
| Marlborough Convalescent Home .. | — | — | 2 | — |
| State Hospital .. .. .. .. | 4 | 3 | 4 | — |
| Royal Western Counties Hospital, Starcross .. .. .. .. | — | 1 | — | 1 |
| St. Francis School, Buntingford .. | 3 | — | 2 | — |
| St. John's Hostel, Camberwell .. | — | 1 | — | 1 |
| St. Mary's Home, Buxted .. .. | — | 2 | — | 1 |
| Stallington Hall, Stoke-on-Trent .. | 1 | — | 1 | — |
| Stoke Park Colony, Bristol .. .. | 3 | 3 | 2 | 2 |
| Other Hospitals .. .. .. | 6 | 4 | — | — |
| | 26 | 22=48 | 19 | 11=30 |

**(iii) Supervision**

At the end of the year 199 subnormal persons (57 children and 142 adults) were being supervised informally by the Mental Health Officers.

**(iv) Guardianship**

At the end of the year three cases were under guardianship; of whom, one was in the care of Brighton Guardianship Society, one in employment in Buckinghamshire and one was working in a local hospital.

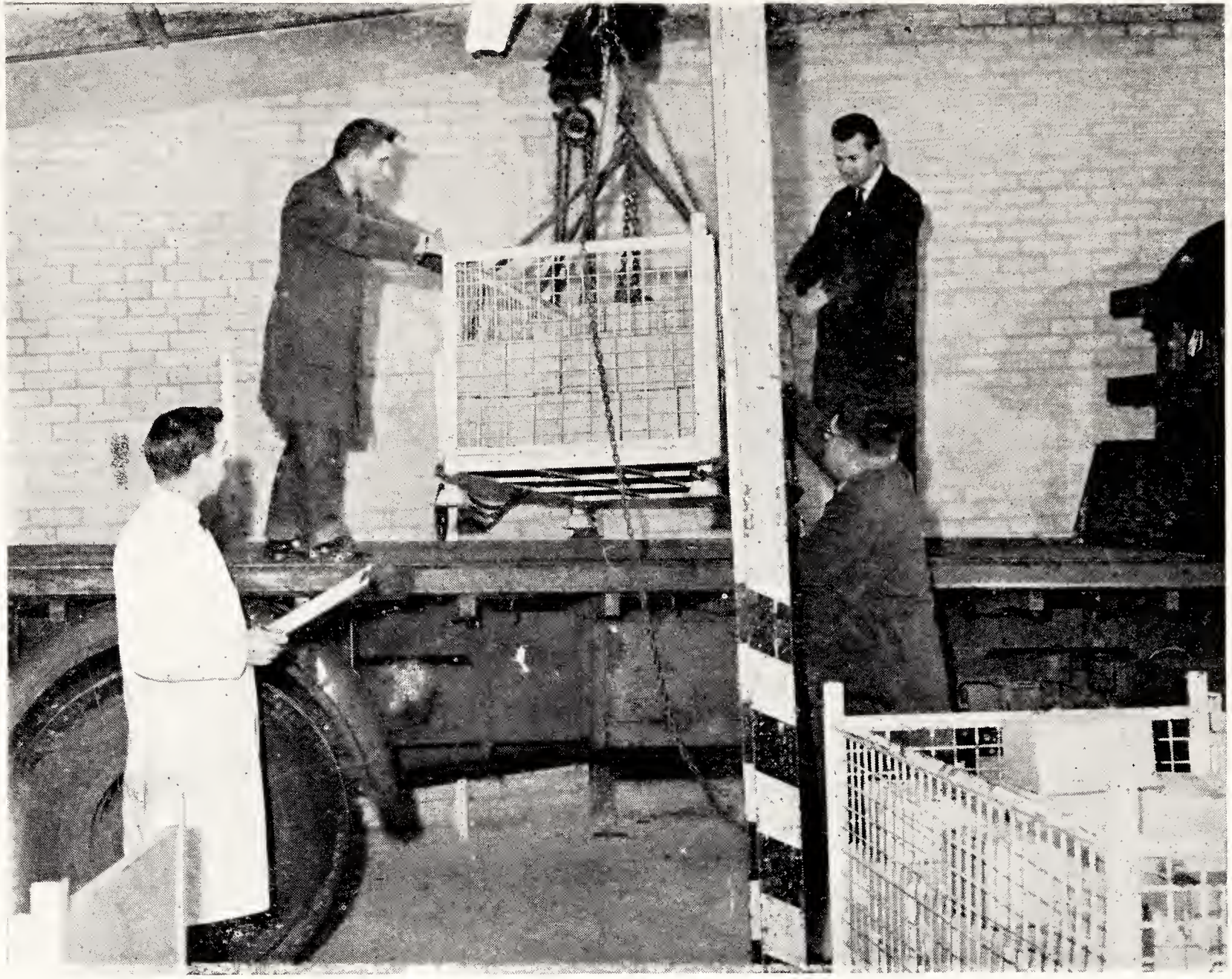
**(v) Mabel Prichard School**

The age and sex distribution of the children attending at the end of the year is shown in the following table:—

| *Age* | *Boys* | *Girls* | *Total* |
|---|---|---|---|
| 0— 4 .. .. | 1 | 0 | 1 |
| 5—10 .. .. | 13 | 10 | 23 |
| 11—15 .. .. | 16 | 10 | 26 |
| | 30 | 20 | 50 |

In spite of staff difficulties during the year we have been able to retain a nucleus of trained staff as four out of the seven teachers have the Diploma for Teachers of the Mentally Handicapped. Mrs. Sutton, the cook caretaker, retired in August after 34 years' valuable service at the school.

Extra mural activities continue to play an important part in the school's curriculum and during the year two pupils obtained swimming certificates. The children had a very successful holiday at Weymouth, accompanied by members of the staff. The Autumn Sale this year coincided with a tropical rain storm as a change from last year's snow. Nevertheless £100 was raised for extra equipment and amenities which the Parent Teacher Association wish to provide for the Children. We also continue to benefit from the generosity of various local organisations.



NEW LOADING BAY, INDUSTRIAL TRAINING UNIT

**(vi) St. Nicholas House**

In October Mrs. Entwistle, the Superintendent, left and in spite of repeated advertisements no replacement has so far been obtained. The Deputy Superintendent, Mrs. Burton, has in the meantime been running the hostel. The policy of encouraging local people to take an active interest in the hostel continues and we now have many visitors who drop in to play with and take an interest in the children. The voluntary helpers were particularly valuable during the two weeks play group, which is run during the summer holidays as a joint venture with the Oxford & District Society for the Mentally Handicapped. This year 28 children attended.

The annual holiday, when the staff and children go to the seaside as a family group, was a great success in spite of the inclement weather. Two special outings to St. Giles' Fair and the Pantomime never fail to generate excitement and pleasure in the children.

The Spastic Society sponsored a film showing forms of residential care for mentally handicapped children, and we feel honoured that the part relating to hostels has been made at St. Nicholas House. The film will be shown as a documentary on television. So much excellent material was shot during the week's filming that the producers, Messrs. Derrick Knight & Partners have persuaded the National Association for Mental Health Film Council to incorporate this in a second film so as not to waste the "cut" portions of the original documentary.

The age and sex of the children in residence during the Michaelmas term is shown in the following table:—

| *Age* | *Boys* | *Girls* | *Total* |
|---|---|---|---|
| 5—10 .. .. | 1 | 3 | 4 |
| 11—15 .. .. | 3 | 6 | 9 |
| | 4 | 9 | 13 |

**(vii) The Industrial Training Unit**

Fortunately there has been no shortage of work, either in quantity or in variety, during the past year. It is essential to have a selection of different types of work if the trainees' interest and concentration is to be held. An even flow of work has been assured by providing facilities to accept and store sufficient material for long contracts in the enlarged storeroom. An extra 1,210 sq. feet has been provided by enclosing a former covered work area at a cost of £1,541. Sliding doors are provided at each end so that lorries can drive under the hoist for loading and unloading supplies. The former store has been incorporated into the workshop to provide extra working space.

An important feature in the success of the Unit has been the help and support from local industry and educational establishments. The continued interest of the management and workers of the British Leyland Motor Holdings in particular has been invaluable.

The policy of mixing mentally ill and mentally handicapped workers is now well established and at present nearly a quarter of the people working at the Unit have suffered from mental illness.

Psychology students working for Dr. Bryant of the Institute of Experimental Psychology have been doing research into learning processes at the Unit.

The Wednesday Club, another joint effort with the Oxford and District Society for the Mentally Handicapped, continues to meet weekly at a Community Centre. It had a most successful day at the annual area sports day event held this year at Borocourt Hospital, members winning the majority of the cups and many medals. These are now displayed in a wooden case presented to the Unit by the College of Technology. The club football team turns out in Halifax Town shirts and shorts presented to them by the club.

The age and sex distribution of the trainees at the end of the year was as follows:—

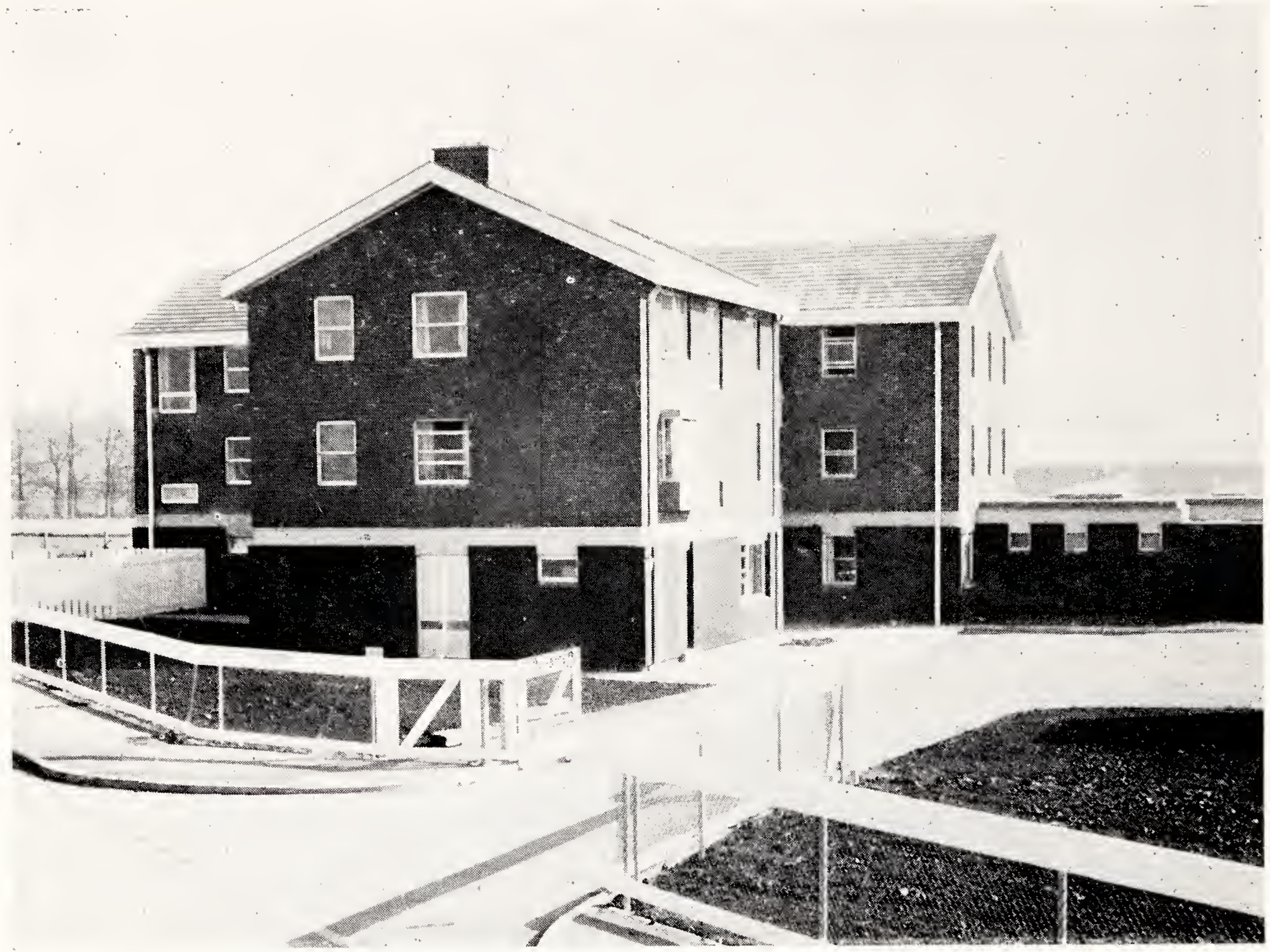
| *Age* | *Men* | *Women* | *Total* |
|---|---|---|---|
| 16—19 years .. .. | 11 | 10 | 21 |
| 20—29 years .. .. | 11 | 12 | 23 |
| 30—39 years .. .. | 3 | 3 | 6 |
| 40—49 years .. .. | 3 | 2 | 5 |
| 50—59 years .. .. | 9 | 1 | 10 |
| 60 and over .. .. | 1 | 1 | 2 |
| | 38 | 29 | 67 |

**(viii) Eastfield House**

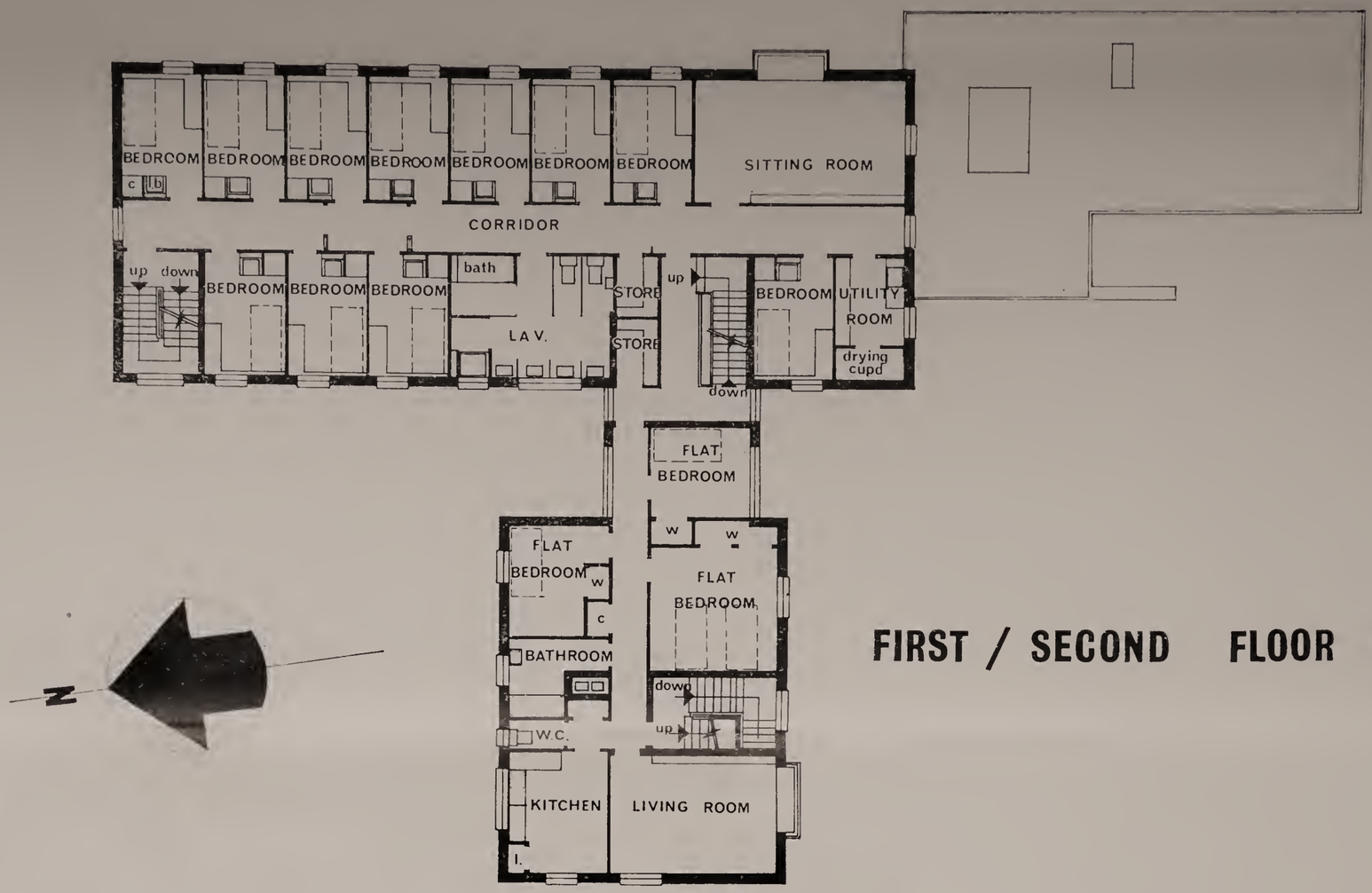
The name Eastfield House was derived from the small pasture shown as "East Field" on a seventeenth century map of the area in which the building now stands.

Eastfield House is complementary to the children's hostel, St. Nicholas House, which opened in July 1964 to provide either short or long term care for the mentally handicapped. It is a mixed hostel to accommodate up to twenty-five adults, and was opened on the 7th October with five residents. This group of adolescents already over 16 years old had been living in the children's hostel until Eastfield House was completed. At the end of the year there were five men and five women in residence.

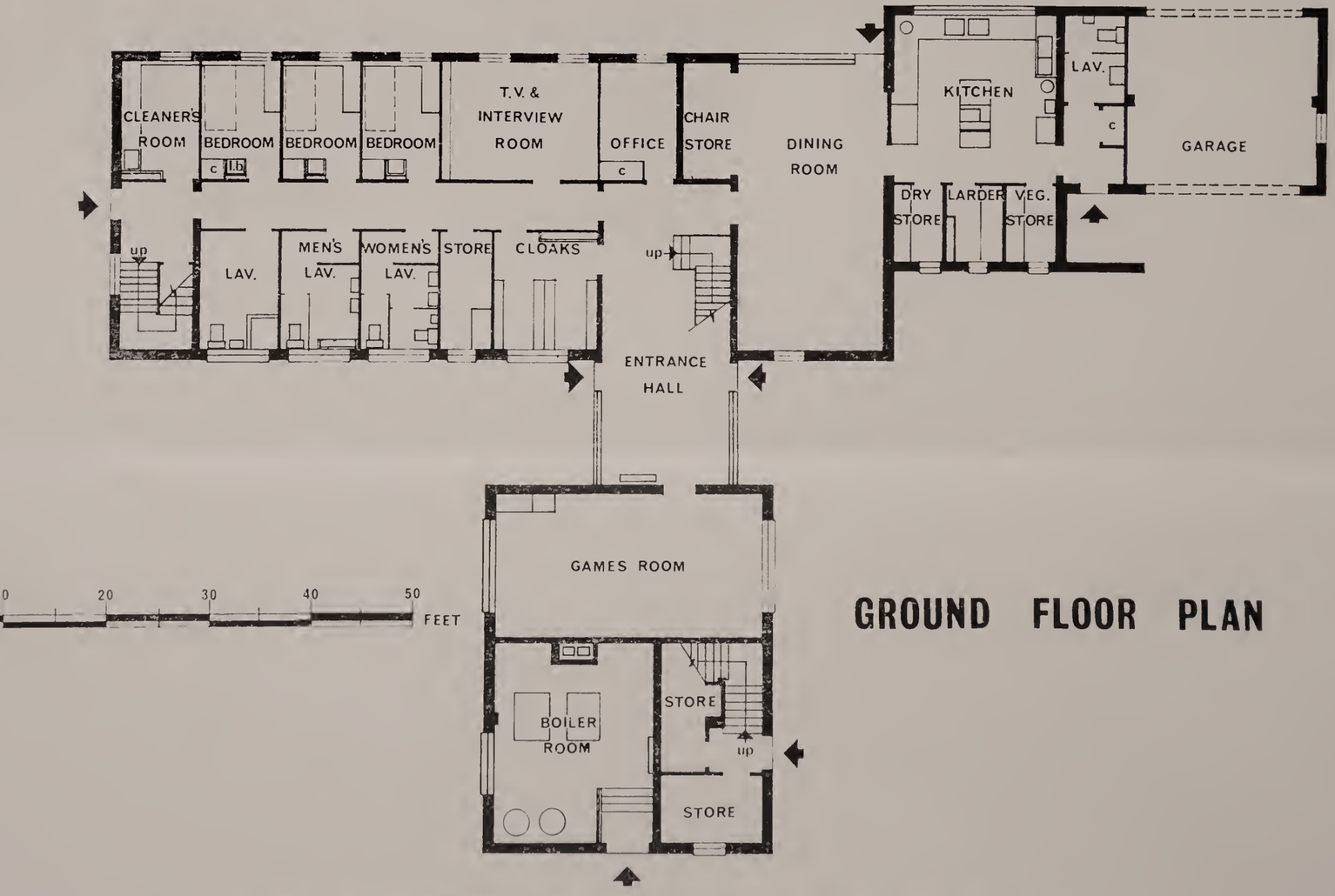
There is already considerable interest in the hostel and an open evening was held so that members of the Oxford & District Society for the Mentally Handicapped and others interested could visit Eastfield House. Coffee and biscuits were provided during the evening and served by the residents and members of the local guide group.



EASTFIELD HOUSE




## FIRST / SECOND FLOOR PLAN




## GROUND FLOOR PLAN

# EASTFIELD HOUSE.

## 3. Future developments

### (a) Group Home for the mentally ill

The conversion of 27 Brasenose Driftway had to be postponed, but should be completed by Easter 1969, when it will provide accommodation for seven mentally ill men. There will be no resident staff but the warden and staff at Eastfield House will provide any necessary supervision and meals.

### (b) Extension of the Industrial Training Unit

An extra workshop is required to accommodate the increasing number of mentally handicapped persons who have shown how much they can benefit from training or sheltered work. It is hoped this will be built in 1970.

### (c) Second Hostel for subnormal adults

Plans have been prepared for a second hostel, similar to Eastfield House, to accommodate the increasing number of adolescents leaving Mabel Prichard School, who cannot live at home or manage in lodgings. It is hoped that building will start in 1972 on a site off the Slade.

### (d) Hostel for the mentally ill

No decision has been reached regarding the need for a large hostel for the mentally ill; at present grouped homes and boarding out in supervised lodgings may provide a better solution to this problem.

# SECTION VIII

## WELFARE SERVICES

Report by J. C. DAVENPORT
Chief Welfare Services Officer

In July, 1948 the City Council delegated to the Health Committee its functions under the National Assistance Act, 1948 and the Welfare Services Sub-Committee meets monthly to deal with the administration of Welfare Services in the City.

### 1. General Comments

Ten years ago in my report on Welfare Services, I commented that a decade after the coming into operation of the National Assistance Act of 1948, there was still a considerable misunderstanding of what changes had taken place by the superceding of the Poor Law by the Welfare policy of the 1948 Act. Nevertheless, we in Oxford by that time, had laid the foundations of what we believed was in keeping with modern trends in social policy, and our first purpose built Home had been completed. This Home, Townsend House, was the prototype of what almost every Local Authority was to come to accept as the ideal solution to the problem of providing happy and suitable Homes for that ever increasing proportion of our total population—the aged and infirm. This first Home cost approximately £50,000 to build, and was the forerunner of seven similar Homes in the City, the last one being Longlands which was completed in 1967 at a cost of approximately £110,000—more than twice as much.

Oxford is now nearing the completion of its building programme for the residential accommodation of the aged and infirm, whereas many Local Authorities are still in the early stages, and one can be proud not only of a first class service in this field, but one which has been provided at a most economical cost. The extent of the service, with its very high standard, is reflected not only in the happiness of the residents in the Homes and the feeling of security in the future that old people living in their own homes have, but in the very favourable position in which the Oxford hospitals find themselves. In some areas, there are long waiting lists of old people compelled to stay in hospital, when there is no medical need, because of the shortage of places in suitable Homes. The Oxford hospitals, on the other hand, have no such long lists.

Nevertheless, one cannot look too confidently at the events of the year under review. The National Assistance Act of 1948 came in the middle of an 'economic squeeze' and the publication of the Seebohm Report in July this year, heralding another change in social policy, came when the national economy was again in a sorry state. This has necessi-

tated financial cuts, including postponement of the much needed Handicapped Persons Centre. There is no doubt that in addition to the happiness such a Centre would bring to many people, the facilities provided would enable some to carry on longer in their own homes.

The main event of the year was, of course, the publication of the Seebohm Committee Report on the future pattern of the social services. This document recommends immediate action towards the setting up of a unified social service department covering, under one umbrella, the existing various services for aged, handicapped and children's welfare. Whilst I have no doubt that there are tremendous arguments in favour of change, one wonders whether too much haste is likely to prove the biggest obstacle to what everyone wants to see, that is the best possible service. In 1948 when an appointed day was fixed arbitrarily on 5th July, there was a great upheaval in the service and it has taken twenty years for that pattern to get going. In particular only now are authorities beginning to see the results of a training system to produce qualified social workers and such staff are still few and far between. Without properly qualified staff no paper scheme has a chance to work. On the consumers side, I have misgivings about a huge monolithic department which I liken to a supermarket. I must confess that I frequently get lost in these stores where, admittedly, all my requirements are available under one roof, but the practicability of obtaining my individual requirements eludes me, and I resort to the small centre of 'personal service' shops round the corner. From my experience I know that older people have the same, if not greater, difficulties, in such establishments. Perhaps the time will come when we shall be educated to such administrative set-ups, but this will certainly take time, and in my opinion, change should be brought about gradually.

Too much is made in the Seebohm Report of what I call 'extorted' facts in Welfare Services. If someone puts a leading question concerning how many visitors come for what is considered to be the same purpose, he will generally get the sort of answer expected. If, on the other hand he just asks if there is an availability of service when needed, he will probably get a different answer. I would consider that for every single person who complains that services are being duplicated (and incidently I have never had this complaint made to me by a client) there are countless persons who will complain that there are insufficient visitors.

By all means let us change for the better; let us try new ideas, but in such a vital service let us be sure that as a result of changes, we do not 'burn all our boats'. We, in Oxford, have been changing continually in an effort to improve the services. We have pioneered many services now recognised as basic requirements, all of which have been duly recorded in previous reports. We have continued with the new ideas, and have sought help from whatever source we could to improve the service. With the attainment of our target of 100% qualified field staff in two years' time, it is believed that again we lead the country.

There is constant effort to keep costs to an absolute minimum and again we sought the help of the methods team to ensure maximum efficiency. I am very grateful for the help that was given which resulted in a much improved administrative pattern of work. I feel quite sure that the Welfare Division in Oxford is giving excellent value for money, and that the services provided are unsurpassed in any other part of the country.

We have again benefited from the valuable help given by voluntary societies and their individual helpers. A very welcome addition has been the Oxford 'Good Neighbours', who have resolved many apparently insoluble problems.

Caseloads continue to be heavy, and all the field staff have had a hectic year in endeavouring to keep pace with the consistent demands for their help. The administrative and clerical staff have also worked hard and well and earned praise from the methods team for their enterprise and endeavour.

**2. Residential Accommodation**

Apart from the fact that Longlands became fully effective, there is nothing new to report on the development of provision of accommodation.

For the first time the urgent waiting list dropped to reasonable proportions, and admissions could be arranged in days rather than months, as was the case a few years ago. Hospitals were helped considerably, and despite the closing of many more geriatric beds during the year, we were able to provide a speedy answer to their requests for accommodation of patients suitable for discharge into Part III establishments. The average waiting time per case dropped to less than two weeks and usually there were less than ten patients on the waiting list. Early in the year Council decided to terminate the arrangement with Hurdis House, whereby patients awaiting Part III accommodation were housed and paid for by the Council until such time as a suitable place was available. Despite the continued shortage of geriatric beds, the hospitals have been most co-operative in accepting patients from our Homes. During the year 144 persons were admitted to hospital from Homes in the City, of whom 75 returned after treatment. In addition 21 persons were admitted to Homes from hospital as new residents. Naturally, with an average age of over 85 years some frailty and 'fading away' must be expected. Many cases of illness, some minor and some more serious, were treated by general practitioners and the staff of the Homes, and 71 residents died. Tribute must be paid to all the staff of the Homes for the care constantly given to their large 'families' of ailing people, and there have been innumerable expressions of thanks from residents and relatives for the kind and personal help which is so willingly given by the staff in times of stress.

There has been a development of 'day care' service at the Homes in which cases on the waiting list for admission are taken in on a day basis. This not only relieves the hardship to the individual, but gives the prospective resident the opportunity of assessing life in the future; and time to make whatever adjustments and arrangements are necessary.

## Admissions and discharges to City Council Old People's Homes during 1968

| | Beds | From home | New Admissions From Hospital | Short term | Hospital Cases | | Deaths | |
|---|---|---|---|---|---|---|---|---|
| | | | | | Admitted | Returned | In Hospital | In Homes |
| Barton End .. .. .. | 40 | 13 | — | 1 | 12 | 8 | 1 | 8 |
| Cutteslowe Court .. .. | 60 | 21 | 3 | 14 | 12 | 5 | 4 | 14 |
| Iffley House .. .. .. | 60 | 13 | 1 | 19 | 25 | 10 | 4 | 8 |
| Longlands .. .. .. | 60 | 31 | 5 | 13 | 26 | 17 | 2 | 2 |
| Marston Court .. .. | 60 | 12 | 2 | 5 | 21 | 9 | 6 | 7 |
| Oseney Court.. .. .. | 60 | 17 | 2 | 20 | 15 | 7 | 5 | 11 |
| Shotover View .. .. | 60 | 16 | 4 | 22 | 20 | 8 | 3 | 8 |
| Townsend House .. .. | 60 | 17 | 4 | 14 | 13 | 11 | 1 | 13 |
| | | 140 | 21 | 108 | 144 | 75 | 26 | 71 |

**Statistical Summary as at 31.12.68**

*Registers*

| | |
|---|---|
| Aged and infirm | 1,681 |
| Blind | 207 |
| Partially sighted | 146 |
| Deaf | 242 |
| Hard of hearing | 424 |
| Physically handicapped | 165 |
| | 2,865 |

| | |
|---|---|
| Number of new cases registered during the year | 567 |
| Number of cases receiving domiciliary visits | 1,681 |
| Number of visits paid by Welfare Officers during the year | 10,923 |
| Number of persons on the waiting list for Old People's Homes: | |
| A. In their own homes— | |
| (1) Persons who were urgently in need of admission to Part III accommodation | 26 |
| (2) Persons who required admission within six months | 23 |
| (3) Persons who desired to enter Part III accommodation but whose circumstances were such that there was no real hardship | 120 |
| B. In Hospital / C. In Hurdis House | 11 |
| Total waiting list | 180 |

**Voluntary Homes**

The Voluntary Homes registered with the Local Authority for the care of aged and disabled persons are regularly inspected for general safety standards. On the 31st December, the following Homes were registered:—

*Aged and Disabled*

| | |
|---|---|
| Nazareth House, Cowley Road | 35 persons |

*Aged*

| | |
|---|---|
| Fairfield (Council of Social Service Home), 115 Banbury Road | 35 persons |
| Elizabeth Nuffield, 165 Banbury Road | 26 persons |
| Woodlands Eventide Home, 111 Woodstock Road | 20 persons |
| British Red Cross Society Home, 107 Banbury Road | 20 persons |
| Greengates, 2 Hernes Road | 8 persons |
| Mrs. F. E. Best, 31 Stanley Road | 7 persons |

The agreement made with the following Home to place accommodation at the disposal of the Authority continues:

| | |
|---|---|
| Nazareth House, Cowley Road .. .. .. | 4 persons |

On the 31st December, the City Council was responsible for the augmentation of income to enable the following persons to reside in accommodation provided by voluntary societies:

| | |
|---|---|
| Nazareth House, Cowley Road .. .. .. | 17 persons |
| British Red Cross Society Home, 107 Banbury Road | 8 persons |
| St. John's Home, St. Mary's Road .. .. .. | 3 persons |
| Fairfield, 115 Banbury Road .. .. .. | 1 person |
| In voluntary Homes outside the City .. .. | 22 persons |

In a similar way, by arrangement with other Local Authorities, the City Council has accepted financial responsibility for two people in Oxfordshire County Council Homes, and one person in each of Homes administered by Exeter, Hillingdon and Glamorganshire Councils.

Reciprocally, Oxford Old People's Homes were accommodating ten persons from Oxfordshire, four from Berkshire, and one each from Portsmouth, Surrey, Northamptonshire, Hastings, Herefordshire, West Sussex, Inverness and East Sussex.

**Temporary Accommodation**

The Welfare Services Sub-Committee retains the responsibility for the provision of emergency accommodation for persons rendered homeless through unforseen circumstances, for example fire or flood, and for homeless adults without children. Fortunately no crises arose during the year which required the provision of temporary accommodation, but a number of adults without children did seek our help. Despite the continued shortage of housing accommodation in the City, it was possible for the majority of these applicants to be helped to solve their problems without the necessity for admission to temporary shelter. During the year a total of thirty-seven persons without children applied for assistance and it was necessary to admit eight women to the Homeless Families Unit. The average length of stay was 10 days.

In recent years the increasing emancipation of youth and changes in the moral code have effected the kind of people seeking temporary shelter. An increasing number are young women in their teens or early twenties. In most instances they are living away from home in somewhat dubious circumstances. After a night or two in temporary shelter they move on and one is left with a sense of uneasiness at the lack of a more suitable solution to such problems.

## 3. Welfare arrangements for Blind and Partially-sighted Persons

*Registers*

The number of blind and partially sighted persons on the register was similar to the previous year. Disability on account of sight continues

to be mainly an affliction of old age with 65% of blind persons over the age of 70. Such handicapped people are also predominantly elderly and therefore the social problem for the caseworker is usually complex.

*Persons on the registers*

| | *Blind* | *Partially Sighted* |
|---|---|---|
| 1964 | 218 | 96 |
| 1965 | 209 | 99 |
| 1966 | 205 | 105 |
| 1967 | 205 | 133 |
| 1968 | 206 | 141 |

*Age distribution*

| | *Blind* | | | *Partially sighted* | | |
|---|---|---|---|---|---|---|
| *Age* | *Male* | *Female* | *Total* | *Male* | *Female* | *Total* |
| 0— 1 | — | 1 | 1 | — | 1 | 1 |
| 2— 4 | — | — | — | — | — | — |
| 5—10 | 2 | — | 2 | — | 1 | 1 |
| 11—15 | 1 | — | 1 | — | 1 | 1 |
| 16—20 | 3 | 1 | 4 | 1 | — | 1 |
| 21—29 | — | — | — | 1 | 2 | 3 |
| 30—39 | 3 | 2 | 5 | 3 | — | 3 |
| 40—49 | 9 | 3 | 12 | 2 | 2 | 4 |
| 50—59 | 9 | 7 | 16 | 8 | 7 | 15 |
| 60—64 | 2 | 6 | 8 | 3 | 2 | 5 |
| 65—69 | 12 | 8 | 20 | 5 | 4 | 9 |
| 70 & over | 44 | 93 | 137 | 23 | 75 | 98 |

*Age distribution of new cases*

| | *Blind* | | | *Partially sighted* | | |
|---|---|---|---|---|---|---|
| *Age* | *Male* | *Female* | *Total* | *Male* | *Female* | *Total* |
| 0—15 | 1 | 1 | 2 | — | 2 | 2 |
| 16—20 | — | — | — | — | — | — |
| 21—29 | — | — | — | — | — | — |
| 30—39 | — | — | — | — | — | — |
| 40—49 | 1 | — | 1 | — | 1 | 1 |
| 50—59 | — | 1 | 1 | 2 | 2 | 4 |
| 60—64 | — | — | — | — | 1 | 1 |
| 65—69 | 5 | 4 | 9 | 2 | — | 2 |
| Over 70 | 10 | 17 | 27 | 9 | 29 | 38 |
| | | | — | | | — |
| | | | 40 | | | 48 |
| | | | = | | | = |

*Diagnoses in new cases*

| *Diagnoses* | *Blind* | | *Partially-sighted* | | |
|---|---|---|---|---|---|
| | *Male* | *Female* | *Male* | *Female* | *Total* |
| Macular degeneration .. | 4 | 5 | 3 | 8 | 20 |
| Retinopathy .. .. | 3 | 4 | 1 | 3 | 11 |
| Glaucoma .. .. | 2 | 4 | 4 | 4 | 14 |
| Cataract .. .. .. | 2 | 3* | 3 | 8 | 16 |
| Diabetic retinopathy .. | — | 1 | — | 2 | 3 |
| Myopia .. .. .. | 1 | — | 1 | 4 | 6 |
| Optic atrophy .. .. | 1* | 1 | — | 1 | 3 |
| Miscellaneous .. .. | 4 | 5 | 1 | 5** | 15 |
| | 17 | 23 | 13 | 35 | 88 |

*Includes one person under fifteen years

**Includes two under fifteen years

We are indebted to Mr. E. W. Allen, Senior Optician at the Eye Hospital, for providing us with the following table concerning the provision of Low Visual Acuity Aids to Oxford residents:

| Year | 1<br>Total supplied | 2<br>Number with satisfactory result | 3<br>Number who should have improved but did not return for follow-up | 4<br>Number who returned appliance as unsatisfactory | 5<br>Number of new cases registered as partially-sighted each year |
|---|---|---|---|---|---|
| 1958 | 7 | 2 | 5 | — | 2 |
| 1959 | 12 | 3 | 5 | 4 | 2 |
| 1960 | 12 | 6 | 3 | 3 | 3 |
| 1961 | 10 | 4 | 3 | 3 | 6 |
| 1962 | 11 | 4 | 6 | 1 | 6 |
| 1963 | 9 | 7 | 1 | 1 | 7 |
| 1964 | 14 | 4 | 4 | 6 | 14 |
| 1965 | 20 | 9 | 9 | 2 | 19 |
| 1966 | 17 | 1 | 9 | 7 | 26 |
| 1967 | 25 | 11 | 3 | 11 | 45 |
| 1968 | 22 | 16 | 3 | 3 | 48 |
| Total | 159 | 67 | 51 | 41 | 178 |

**General Welfare and Social Activities**

During the year a great many people were able to enjoy the various activities arranged; tape recording, socials and Craft Classes being particularly well attended. A small group of Blind Workers continues to meet once a month at Rectory Road. Approximately two hundred people were able to come to the Annual Party at the Town Hall. The holiday at Cliftonville in May, arranged by the City and County Blind Society, was again much appreciated. Other outings included afternoon tea at Charlbury; an afternoon visit to the Saville Gardens at Windsor and a day's outing to Sandbanks, Dorset. A party went to the New Theatre to the Ken Dodd Show, also a small group of people enjoyed the Lord Mayor's Carols. The Bring and Buy and Autumn Fair were a great success and enabled us to buy a wheelchair to help those unable to get to the Centre. Our thanks are due to the voluntary drivers and helpers who have co-operated so much in all the activities throughout the year.

**4. Welfare arrangements for other Handicapped Classes**

**A. Deaf**

The City Council in co-operation with the Diocesan Association for the Deaf have continued their efforts wherever possible to expand welfare facilities for the deaf and the hard of hearing. Mr. P. L. W. Hunt the Senior Welfare Officer for the Deaf, was ordained Deacon by the Bishop of Oxford in Christ Church Cathedral at Michaelmas and it is certain that this preferment will be of considerable benefit to the deaf. The trainee officer is now nearing completion of a two year social worker training course.

*Registers* — *Age and Sex*

| *Age* | *Deaf with speech* | | *Deaf without speech* | |
|---|---|---|---|---|
| | *Male* | *Female* | *Male* | *Female* |
| Under 16 .. .. | 9 | 3 | 3 | 4 |
| 16—29 .. .. .. | 8 | 5 | 6 | 5 |
| 30—49 .. .. .. | 2 | 3 | 5 | 5 |
| 50—64 .. .. .. | 1 | 0 | 3 | 2 |
| 65 or over .. .. | 3 | 2 | 1 | 0 |
| Totals .. .. | 23 | 13 | 18 | 16 |

*Comparative Totals*

| | *Deaf with Speech* | | | | *Deaf without Speech* | | | |
|---|---|---|---|---|---|---|---|---|
| | *Under* 16 | 16—64 | 65+ | *Total* | *Under* 16 | 16—64 | 65+ | *Total* |
| 1964 | 13 | 14 | 4 | 31 | 5 | 30 | 4 | 39 |
| 1965 | 14 | 14 | 5 | 33 | 7 | 29 | 3 | 39 |
| 1966 | 13 | 19 | 5 | 37 | 5 | 26 | 2 | 33 |
| 1967 | 12 | 20 | 5 | 37 | 7 | 26 | 1 | 34 |
| 1968 | 12 | 19 | 5 | 36 | 7 | 26 | 1 | 34 |

I am indebted to the Reverend P. L. W. Hunt for the following report on general social activities:—

"Welfare services for people handicapped by deafness have been carried out by the Senior Welfare Officer for the Deaf assisted by a Welfare Assistant at present in training. Both of these Officers are based at the New Centre for the Deaf and Hard of Hearing, but they work in close co-operation with all local government departments and especially with the City Welfare Division.

The staff have assisted the deaf in Hospitals, in the Courts, at Driving Tests, at Solicitors' Offices, etc. and the sick and lonely have been visited regularly. Much placement work has been carried out and with one exception there is full employment in the area. Social Clubs are held on three evenings a week and Church Services conducted weekly. The recently acquired Tudor Cottage adjoining the present Centre has been renovated and has enabled the deaf and hard of hearing to enjoy added amenities for their social activities. When priested I hope to offer a better spiritual service to the deaf people as well as carrying out normal welfare duties. The deaf in this area are predominantly members of the Church of England, but assistance would, of course, be given to all denominations if and when required."

**National Deaf Children's Society**

Activities over the past year have been very successful. The evening classes have been well organised and attended. Once again, owing to the shortage of teachers the units could not be kept open for the extra two weeks during the summer holidays. However, a training scheme for teachers of the deaf started at Lady Spencer Churchill College should be helpful in this respect.

A play group for pre-school children was started at the Radcliffe Infirmary and with the help of the W.R.V.S., children from far afield were brought in. A fashion show, followed by a wine and cheese party, was held in October. During the winter months interesting talks were given by Mr. Hunt, Mrs. Craig and Miss Galbraith. The main money raising activities were the "Summer Draw," a Fashion Show, and a collection at the Town Hall Wrestling. A very generous donation from the Bicester Round Table enabled an overhead projector to be purchased which is now installed in the partially hearing unit at Temple Cowley School.

## B. The Hard of Hearing

*Register* — *Age and Sex*

| *Age* | *Male* | *Female* |
|---|---|---|
| Under 16 | 2 | 0 |
| 16—29 | 5 | 2 |
| 30—49 | 6 | 2 |
| 50—64 | 14 | 18 |
| Over 65 | 71 | 166 |
| Totals | 98 | 188 |

*Comparative Totals*

| | *Under* 16 | 16—64 | 65+ | *Total* |
|---|---|---|---|---|
| 1964 | – | 26 | 75 | 101 |
| 1965 | – | 43 | 133 | 176 |
| 1966 | 2 | 47 | 271 | 320 |
| 1967 | 2 | 47 | 239 | 288 |
| 1968 | 2 | 47 | 237 | 286 |

The Secretary of the Oxford and District Club for the Hard of Hearing has kindly supplied the following report:

"The activities consist mainly of entertainment evenings. A small group continue to meet under the guidance of the Speech Therapist from the Radcliffe Infirmary for lip-reading practice and a contest in Lip-reading and Clear Speech was held. A coach party attended the Thanksgiving Service at St. Paul's Cathedral arranged by the British Association for the Hard of Hearing as part of the 21st anniversary of the formation of the Association. Attendance at Club Evenings has fallen off a great deal but it is felt that this is because so many who used to attend are now physically infirm and find the journey (or the long walk back up St. Ebbe's) a little trying."

## C. Generally Handicapped

The services for the general handicapped classes have continued to expand and more aids were provided.

Due to the general economic squeeze the building of the Handicapped Persons Centre in Rectory Road has been delayed. This is particularly unfortunate as the number of severely disabled seeking our help continues to increase, and so much more could be done if better facilities existed.

**Age groups of those registered:**

| | Under 16 | 16—24 years | 25—34 years | 35—44 years | 45—54 years | 55—64 years | Over 65 | Total |
|---|---|---|---|---|---|---|---|---|
| Male .. | 2 | 11 | 12 | 10 | 12 | 23 | 22 | 92 |
| Female | 2 | 4 | 5 | 14 | 13 | 16 | 19 | 73 |
| Total .. | 4 | 15 | 17 | 24 | 25 | 39 | 41 | 165 |

### Spastics

There are 34 spastics known to the department—12 adults (10 male and 2 female) and 22 children. The 22 children are not registered as they are in the care of the School Health Service, but contact is maintained with the Education Department in order to ensure a smooth transfer to the welfare services when that becomes necessary. Of the 12 adults, 7 are normally resident in their own homes and 5 are being cared for in special homes and hospitals.

### Epileptics

Twelve adult epileptics of major severity (5 male and 7 female) are known to the department. Seven reside in their own homes, 2 are in colony residence and 3 are in hospital care. The great majority of minor cases are able to continue in normal employment. In addition there is one boy aged 11 at Lingfield Hospital School, Lingfield.

## 5. Blind and Handicapped Workshop

The task of 'industrialising' the workshop which started last year continued satisfactorily if somewhat more slowly than had been hoped. In order to prevent redundancy amongst existing workers, it was decided to phase out those traditional trades which were no longer required, as and when the older workers reached retirement age. During 1968, two such workers retired, one employed in mat making and the other in chair seating. The younger workers were retrained in the book finishing trade, and as their efforts became more skilled, there was a gradual upsurge in the amount of work handled, so that in the last quarter of the year, the income from this section of the workshop was more than double the amount for the similar period of 1967. There are now eight workers engaged in book finishing.

Three Blind and twelve Sighted Disabled workers are employed in three departments as follows:—

| *Trade* | *Number of Employees* | *Categories of Disabilities* |
|---|---|---|
| Book Finishing | 8 | Epilepsy (2), Brain Damage (3), Hemiplegia (2), Schizophrenia (1) |
| Chair Seating | 6 | Blind (3), Hemiplegia (1), Poliomyelitis (1), Paraplegia (1) |
| Watch & Clock Repair | 1 | Poliomyelitis (1) |

The origin and value of goods sold in the Shop was as follows:—

| | **1967** | **1968** |
|---|---|---|
| Blind and handicapped workers: | £ | £ |
| City of Oxford .. .. .. | 5,045 | 7,093 |
| Other Authorities .. .. .. | 10,029 | 8,795 |

| | | |
|---|---|---|
| Occupational Therapy: | | |
| City of Oxford .. .. .. | 2,467 | 3,443 |
| Oxfordshire County Council .. | 512 | 668 |
| | £18,053 | £19,999 |

## 6. Miscellaneous Services

### A. Meals on Wheels

Five Old People's Homes continued to provide meals on wheels during the year. The total number of meals supplied was 47,036, of which 25,305 originated from the Old People's Homes. The remainder, namely 21,731 were supplied by York Place Municipal Restaurant. The number of persons supplied varied between 245 and 270 per day and meals are normally available on four days a week.

The charge to the recipient of the subsidised meal has remained at one shilling since the service began. Costs have continued to rise, however, and an increase of 6d. per meal was made as from the beginning of October. A referendum to all recipients prior to this showed a marked willingness to meet the extra charge, the income from which, it is hoped, will not only meet rising costs, but also permit a greater variety of menu.

Delivery of the meals remained largely in the capable hands of voluntary workers. The Women's Royal Voluntary Service and the British Red Cross Society drivers have regularly maintained a valuable service throughout the year. The Council's payment for mileage increased from 7d. to 8d. per mile on 1st July.

### B. Temporary protection of property of persons admitted to hospitals, etc.

This duty under Section 48 of the National Assistance Act, 1948, was effected in 116 cases during the year. There were 134 current inventories of property still in custody at the end of the year.

### C. Burial or cremation of the dead

Under Section 50 of the National Assistance Act, 1948, it was necessary for the Council to arrange 19 burials and 1 cremation. In all but one case part or full recovery of the cost involved was made.

## 7. Clinical medical work on behalf of the Welfare Services (Dr. Hollyhock)

A senior medical officer is available to advise on the day to day medical problems which arise in the work of the Welfare Division. The medical officer also acts as a valuable link between welfare officers, general practitioners and hospital doctors when clinical problems are under discussion.

**Summary of work undertaken**

**(a) Assessment of Suitability for Part III Accommodation**

During the year 9 visits were made to assess the suitability of patients for accommodation in Part III Homes. These included visits to persons in their own homes who were under consideration for admission, as well as to residents of Old People's Homes whose condition had deteriorated. The latter problem arises when an elderly person becomes even more frail or chronic illness supervenes. It is not really feasible to look after an elderly person who is bedbound and incontinent or confused, for any length of time in an Old People's Home.

**(b) Miscellaneous Visits**

Three visits were made to assess persons for removal under Section 47 of the National Assistance Act, but in no case was it necessary to take statutory action. Each problem was settled by amicable discussion and satisfactory arrangements made for the person concerned.

Thirteen visits were made to handicapped persons in order to give advice on various problems. Towards the end of the year the new Cheshire Home at Twyford, near Banbury, began to function and four severely handicapped young people from the city were admitted.

**(c) Provision of Domiciliary Equipment and Household Adaptations**

Where small adaptations and aids to daily living are required by handicapped persons, the domiciliary occupational therapists advise. Where, however, there is a need for a patient lifting hoist, saskapol or major adaptation to the house, then supervision is undertaken by the senior medical officer, and sixteen visits were made for this purpose.

**(d) Old People's Homes**

The policy of having two medical officers to cover all the Homes was continued. They were available for consultation on any problem arising in the Old People's Homes including the prevention and investigation of outbreaks of infectious disease. Personal medical service to each resident is given by their own general practitioner.

**(e) G.P. Surgery Session for Elderly Patients**

All general practitioners have on their lists elderly patients who find it difficult if not impossible to attend the surgery. Such patients usually carry on until an illness requires a home visit by their doctor. If these patients could be seen regularly for supervision, then they could probably be kept in a reasonable state of health for longer periods. However for the doctor to pay domiciliary visits at regular intervals is time consuming and therefore thought has been given to the possibility of a practice geriatric clinic. This could only be feasible if adequate transport was

available to take these elderly patients from their homes to the surgery. This would enable a doctor to see some of his frail elderly patients regularly and to be able to examine and treat them more easily and speedily than is usually possible in their own home.

As the Ambulance service were unable to help, consideration was given to using available health department transport on the grounds that we should thereby be providing a valuable service for elderly and handicapped persons. It was ascertained that a utilecon vehicle with mechanical tail lift could be made available for one session a fortnight. Accordingly an experimental geriatric clinic was started by a general practitioner at the East Oxford Health Centre on 20th February, 1968. The clinic is held every alternate Tuesday, and about 10 elderly patients are seen by the doctor. The transport vehicle collects the patients in two groups returning them similarly to their homes after the clinic. Care is taken to arrange for patients from a small area of the city to attend on the same day; thus minimising the distance travelled. By the end of the year 16 clinics had been held and 67 patients had made a total of 158 attendances.

# SECTION IX

## ENVIRONMENTAL HEALTH

REPORT BY W. COMBEY, D.P.A., F.A.P.H.I., F.R.S.H.,
Chief Public Health Inspector

The general picture of environmental conditions requiring our interest changed little during 1968 except for emphasis on a number of matters which called for special attention. The Simon Community Hostel was one highlight as it excited a considerable amount of interest in West Oxford where nuisance was created by men seeking shelter—often under the influence of over-dosage of drugs, alcohol, etc. The Health Committee took an active interest in the development and registered part of the premises (formerly a B.R. Hostel) as a Common Lodging House, although another section of the buildings was adapted as second tier accommodation for initial attempts at recovery of chronic alcoholics and drug addicts. The second tier section is comparatively small (6—8) and residence only for a week or two. Meetings were held with the Simon Organisation, the Police and members of the Health Committee, much concern being felt over a period of months before the Organisation settled down to a reasonable standard of orderly reception and hygienic control. Regular weekly sterilisation of blankets and systematic routine inspection continued throughout the year.

The large number of caravan inspections mentioned in the Report was because of an influx of wandering caravan dwellers. This came at a time when consideration was being given to the Ministry's desire for permanent caravan sites for such dwellers wherever a problem of the kind develops. Discussion on the problem with officers of the adjoining Rural District of Bullingdon continued throughout the year. A combined site on the periphery of the City was discussed but nothing had transpired by the end of the year. The City Housing Committee are considering the possibility of a site somewhere within the City if land can be found, despite the comparative absence of any major problem inside the City. Temporary settlement of a few wanderers on a site at Slade Park formerly fully occupied by Messrs. Laing's Building employees was a step taken in collaboration with the Bullingdon Rural District Council pending eventual settlement of the families concerned in that area.

The large Crescent Road Piggery at Cowley was at last removed from the City to a site beyond the boundary, while three others were closed and the sites taken over by a scrap metal merchant. In view of the difficulty of maintaining satisfactory piggery conditions in a built-up area, it is a relief to note this. Concern continued about the re-siting of the Animal Boarding Establishment at the Slade as the land is to be re-developed for housing purposes. It is anticipated that accommodation may become available outside the City. The Sanctuary Stray Animal

Society showed increased activity during the year, providing a voluntary service for temporary housing of dogs and cats awaiting permanent homes.

The Offices, Shops and Railway Premises Act inspections continued at a steady rate and accident figures, although without major cause for concern, showed a rising tendency in connection with lifting of goods, cutting and chopping and slipping accidents. The first category has risen over three years from 9% to 16%, the cutting and chopping accidents from 11% to 22% and from 10% to 22% in connection with slipping and falling. Although there seems a growing awareness of the need for notification of accidents, at times delay is evident, happily only in connection with minor accidents. There still seems a reluctance on the part of the smaller shopkeepers and employers of staff to notify occupations or comply fully with the Act and more will need to be done to emphasise to all concerned the importance of this legislation.

The Pest Control Section once again demonstrated a lively interest in the investigation of complaints and treatment of conditions. Sewer rat treatment continued at intervals throughout the year with signs of decreasing incidence. Charges for treatment had inevitably to be increased but interest is growing in our Agreement system for regular treatment. More systematic and regular treatment of Colleges, commercial undertakings, etc., should result.

Despite anxiety about the future of Smoke Control in the context of rising costs and necessary economies, another Smoke Control Order (No. 7) affecting South Oxford was agreed to and, although far from large enough, forms a useful connecting link between the original controlled areas of the City and East Oxford, which will be involved in future Smoke Control activity. Barely 25% of the City is so far covered by Orders, although it is evident that much of the City has already developed a fair measure of smokelessness. Average costs for conversion are rising, although still below national averages. A Postal Survey was used for our latest Control Area and it was very encouraging to achieve no less than a 96% return! This will certainly be used in future as it is much cheaper than staff time on house to house calls. The highlight of our Clean Air interests was 'chimney heights' which provoked considerable interest, special emphasis being on the case of the Manor Road new teaching hospital complex. New legislation involving special control of chimney heights was issued during the year with stress on the health aspects of chimney height. Planning interests have, not unnaturally, profound concern for all erections likely to affect the Oxford skyscape but health considerations are also now considered of paramount importance in relation to chimney effluent. It was an achievement, therefore, for the Department to secure approval—after a storm of protest which reached international proportions—for the use of non-polluting North Sea gas as fuel for the large teaching hospital at Headington. What effect this will have on a chimney height estimated as about 170 ft. still remains to be seen. Temporary flues of about 80 ft. will be in use for the first

year or two and should give useful guidance to Engineers as to the general effluent picture. The local press played no little part in the outburst concerning the development, the power of the press being amply demonstrated throughout the whole exercise. There is evident a growing interest in incineration plant, for, with increasing quantities of disposable packaging materials and the like, both storage and handling of such material creates much embarrassment to Public Cleansing services. It is clear that without proper plant and adequately trained operators, burning of waste materials in incinerators could soon result in considerable pollution nuisance and possible breakdown of Smoke Control. Rule of thumb incineration must be resisted and only sound, efficiently engineered projects supported in this particular field. Consideration of major incineration projects is a matter for thought as, if land for controlled tipping becomes scarcer, as seems likely, other methods must be considered. The Cowley complex of factories showed interest during the year in future incineration activities and there still seems much to be said for examination of centralised refuse disposal in large areas where a variety of interests having refuse to dispose of are involved and which could probably benefit by close collaboration in providing central plant having potential heat available for use in factory or district heating activities.

The problem of paint fall-out from the motor factories continued to interest us and steps were taken to deal with one localised amount which affected premises near the B.M.C. Factory. Silencing of fan operations was completed at B.M.C. Block E. Paint Line and some improved form of paint application is hoped for, which will reduce fall-out from the Motor Car Factory complex. We keep in close collaboration with Factory management and careful scrutiny is applied to all stages of development. Further interest was shown in Launderette and Dry Cleaning activities and your Chief Public Health Inspector was privileged to assist the Public Health Inspectors' Association in formulating a draft Code of Practice for consideration by the Ministry of Housing and Local Government. Much more needs to be done to ensure freedom from nuisances by noise, vibration, odour, etc., from this modern development which has grown apace of recent years. Despite a number of complaints in connection with noise problems from various sources throughout the City, there was no serious condition leading to legal proceedings. A very successful Course on Noise Problems was organised and presented by the Oxford College of Technology, attracting over 100 interested persons and proving most helpful to all.

Rehabilitation of the area known as Jericho (St. Barnabas) continued to be a major interest in our housing activities. Much time was spent by the Senior Housing Inspector and his Assistant with members of the City Council Estates, Architects and Town Clerk's Departments and in Working Party discussion. By the end of the year, except for the virtual completion of the new housing blocks to the north-east of the area, little real progress was evident. Some decanting of population from the worst

houses in the area should now take place and pulling out of houses to make way for infilling with new types of terrace property should be possible. The new Housing Act is keenly awaited by all concerned with especial interest in compensation standards and assistance in improvement of properties. This is being stimulated by the Government as an activity additional to normal slum clearance projects which must, of necessity, continue at an increasing rate if all the known unfit houses are to be cleared away in reasonable time. Every attempt is being made by the Housing Committee, through the Town Clerk, to see that adequate local publicity is given to all the steps involved in the rehabilitation programme and a Working Party of officers keeps close watch on the activities concerned. In housing matters generally, of course, it is people that matter rather than houses and it is they who will finally decide what they want to satisfy their particular desires in the housing field. Patience and forbearance are therefore essential by all concerned if success is to be achieved.

Multi-occupation is another problem which faces the Department and is being examined. Costly works to provide reasonable standards, including Fire Escapes, set out in the City Regulations are hampering progress in securing improvements. Nevertheless there appears to be considerable income from the multi-occupation of houses which does not appear to be ploughed back into improvements, maintenance or repairs. This must give rise to concern to the public Authority where standards are woefully below those considered reasonable. The Fire Officer and his staff continue to collaborate closely in examination of multi-occupied property.

Improvement Grants do not appear to be stimulating much interest, despite all that has been done by the City Engineer and his staff to encourage applications. Whether house owners will ever realise the wisdom of improving their property rather than allowing it to deteriorate to the point of condemnation is open to question. Overcrowding was not found to any great extent, although such cases as were discovered were concerned almost completely with multi-occupied houses.

The supervision of milk, meat and other food supplies in the City continued to provide an interesting field of activity. The number of distributors of milk has not changed very much but automatic vending of milk is declining. Carelessness is still apparent in connection with stock rotation, not only of milk but of other pre-packed foods. The public are entitled to food of satisfactory quality and, indeed, as prices rise and most values depreciate, there is greater need than ever for improved quality and prevention of waste. Wastage is again notable in the realm of frozen foods as refrigeration breakdown persists as a constant excuse for disposal of large quantities of food which, though not at the time completely unfit, are not marketable. This seems an unnecessary and altogether avoidable loss of valuable food which could surely be avoided by proper routine maintenance with safeguards for weekends and holiday periods where appliances are unattended.

Constant concern regarding untreated milk was supported during

the year by an unfortunate occurrence of Brucellosis affecting a local cow herdsman whose herd was the subject of an application for the sale of raw milk. Needless to say, the application was discontinued immediately the illness was confirmed. In so far as the hygienic preparation, handling and service of food is concerned, one wonders sometimes whether there is adequate supervision in some places where standards never seem to reach a really first-class grade. There seems a shortage of properly trained and interested supervisors in the catering industry, despite all the efforts of the past. Perhaps one can hope for continued pressure from Consumer Council interests and Associations of various Women's Organisations which, it is felt sure, will continue to keep a watchful eye on conditions affecting public eating and house-hold food qualities. Two cases of food poisoning during the year pinpointed inattention to basic requirements in preparation and cooking of food—in one involving inadequately cooled and protected large joints of meat, and in another unfortunate handling by infected personnel. Development of the container system of importing food is already noted with arrival of carcase meat from Eire. Inland Authorities will be more and more involved in notification, reception and inspection of food, hitherto the prerogative of Port Health Authorities, as foodstuffs arrive under Import Licences for distribution throughout the country without opening or inspection at Port Authoritys' wharves.

There continues to be emphasis on the number of food hawkers operating businesses throughout the City against the general desire of the organised trades. Attempt is made to keep vehicles in compliance with the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966, which require hand washing facilities, etc., no less than for fixed premises. The Markets continue to operate reasonably well but one could wish for a modernised central Market to serve this City of international renown which attracts a considerable number of visitors annually from all over the world.

It is pleasing to record continued collaboration with Hospital and College staffs in regard to kitchen hygiene and food service problems and also in connection with refuse disposal. Pressure grew on the Eastwyke Slaughterhouse facilities towards the end of the year because of extensive slaughter of sheep for Muslim consumption. Many poor quality animals heavily infested with fluke were condemned as unfit. The incidence of fluke was the worst on record and quite outstanding in its effect on animals brought in for slaughter. Pastureland affected by continuous heavy rain gives rise to ideal conditions for the snails responsible for fluke transmission. Tuberculosis was completely absent and, while giving rise to much satisfaction, is not an end to the dangers associated with food animals and constant vigilance in the meat inspection field must be maintained with 100% inspection of slaughtered animals and close interest in conditions likely to affect the public.

Our food and drugs activities did not reveal any serious faults, although there is evidence still of inefficient labelling and misdescription. New Consumer control legislation may, however, provoke improvements in connection with the general labelling and misdescription of goods. Sampling of food for pesticide residues continued and our usual contribution to the National Survey was made. Preliminary reports suggest that there is no need for undue worry about excessive amounts of pesticides in foodstuffs reaching the public through normal marketing channels. There was a considerable reduction of food complaints on those of the previous year and two prosecutions only this time as against nine. There were, however, two serious prosecutions involving catering premises, resulting in heavy fines and probably salutary lessons to those involved. The Public Health Laboratory staff, as usual, helped considerably with sample investigation. Foodstuffs surrendered for destruction amounted to some $4\frac{1}{2}$ tons—too much to lose in these expensive days! One wonders how much could be saved by attention at the right time by the right people with emphasis on proper routine inspection of goods in stock and on display with special attention to food in refrigerators and cold stores. Both covered and open Markets were kept under regular review and storage and disposal of refuse at the Oxpens Market was subject to special consideration. There is still too much " totting " of vegetable and fruit refuse at this Market after closure and attempts are now being made to prevent this and see that some appropriate form of communal refuse storage is provided which will assist the Cleansing Department in regular hygienic removal.

Once again I have been encouraged by the loyalty of staff and successes in examinations were worthy of note. The Administrative Assistant, Mr. Gibbons, gained his D.M.A. final, while Pupil Inspector Mr. A. Rees secured his Public Health Inspectors' Diploma. Mr. Dalton, first year student, showed good all-round marks in his examinations. Mr. Brogden passed his third stage in the B.Sc. Course at Birmingham, while Miss Mary Croxton, Filing and Enquiry Clerk, was a prize winner at the College of Commerce. There are, of course, many more opportunities for staff to take post entry training and this has its effects on routine work with staff absences at Colleges and training courses. Where keen and interested staff wish to improve their minds as well as status, arrangements required can be something of a problem among a comparatively restricted group like ours. Nevertheless we achieved much during the year and further successes are anticipated with—it is hoped—ensuing benefit to the Department, the Council and the general public. I am again grateful to Mr. Garrod and colleagues for continued support and practical interest and offer thanks to all for another year of sound achievement which is reported in the usual form—(A) General Sanitary Circumstances, (B) Housing Conditions, and (C) Supervision of Milk, Meat and Other Food Supplies.

## (A) GENERAL SANITARY CIRCUMSTANCES

### (i) Complaints and Inspections

There was a decrease in the number of complaints received compared with that of the previous year, a substantial reduction in the number of complaints about unwholesome food, false descriptions, etc., being notable. The number of inspections showed increases concerning movable dwellings—resulting from a sharp influx of gypsy encampments to the neighbourhood. Smoke control activity increased, while multi-occupation visits and housing inspections were stimulated by a growing interest in the sharing of accommodation leading to inspections under our housing powers with particular reference to the City's Regulations.

| Complaints | *No.* |
|---|---|
| Accumulations of Refuse | 14 |
| Choked and Defective Drains | 34 |
| Defective Water Closets | 15 |
| Defective Water Supply | 11 |
| Dirty or Verminous Premises | 11 |
| Fumigation and Disinfection | 57 |
| General Housing Defects (including dampness) | 96 |
| Infestation by Insects and Pests | 374 |
| Infestation by Rodents | 658 |
| Infestation by Wasps | 213 |
| Keeping of Animals | 8 |
| Miscellaneous | 59 |
| Noise Nuisance | 35 |
| Offensive Odours | 72 |
| Overcrowding | 13 |
| Refuse Accommodation | 16 |
| Smoke Nuisances | 35 |
| Unwholesome Food, Containers and False Descriptions | 81 |
| | 1,802 |

**Number and Nature of Inspections**

| | |
|---|---|
| Animal Nuisances | 37 |
| Drainage | 625 |
| Health Education | 39 |
| Housing | 2,412 |
| Insect Pests | 293 |
| Inspection of Plans | 1,513 |
| Interviews | 1,599 |

| | |
|---|---|
| Licensed Premises | 276 |
| Lodging Houses | 81 |
| Miscellaneous | 1,446 |
| Movable Dwellings | 742 |
| Multi-occupation | 727 |
| Noise Nuisances | 251 |
| Offices, Shops and Railway Premises Act Inspections | 619 |
| Overcrowding | 53 |
| Pet Animals | 58 |
| Pharmacy and Poison Sellers | 22 |
| Piggeries and Stables | 104 |
| Rats and Mice | 16,674 |
| Refuse Storage and Accumulations | 302 |
| School Premises | 34 |
| Verminous Conditions | 33 |
| Water Sampling | 63 |

### (ii) Sanitary circumstances of Aged Persons

Again there was little need to intervene in connection with the housing of old people as our colleague Welfare Officers in the Department continued to exercise general control and interest in this field. From time to time we are able to assist when conditions require our intervention.

### (iii) Lodging Houses

Apart from the considerable number of multi-occupied premises and students' accommodation in this University City, there is only one recognised Working Men's Hostel—that of the Church Army in Cambridge Terrace which adjoins the St. Ebbe's redevelopment area. A small annexe in nearby Charles Street serves an additional purpose, mainly for staff accommodation. This old property—owned by the City Council—may well be disposed of in early course with the present redevelopment of St. Ebbe's area. The Church Army continue to be interested in modernisation, or indeed, a new site and modern premises for men's welfare work and at the time of writing this Report interest was being shown in progress to this end.

The Simon Community continued to operate in part of the one-time British Railway Hostel near the Station at West Oxford. This Organisation operating as it does through voluntary workers, has a most difficult task to cope with demands for accommodation and the type of lodger received is, of course, not often one amenable to discipline or organised control. The City Health Committee continues to be most concerned at the activities of the Community, particularly in view of attempts to create and run a so-called second tier reception for dealing with drug addicts, chronic alcoholics and the like. While the work generally is laudable social enterprise, the general effect on the local community is

(not unexpectedly) somewhat disturbing as drunken or drug affected individuals—without much care for hygiene, cleanliness or general conduct—tend to disturb the neighbourhood creating problems for the Police, who, it is pleasing to note, are very helpful in their general attitude. The difficulty of maintaining supervisors in this type of Community tends to provoke weakness in administration and certainly leaves much to be desired from the point of view of hygienic control by this Department. We have required registration of the premises as a Common Lodging House so that some control over hygiene might be insisted upon and assistance is given so far as disinfection and disinfestation when required, is concerned. Regular weekly removal and treatment of 80-90 blankets has been carried out throughout the year with considerable time spent in visitation and advising those in control, more particularly with regard to refuse removal and emergency cleansing, so necessary from time to time because of the dirty habits of the men frequenting the accommodation. It became evident towards the end of the year that some change was envisaged in the general organisation with the forming of a link with the National Simon Community Trust. This might result in changes to secure some improvement locally in the work.

The Department of Health and Social Services, Police, Welfare Officer and ourselves are all concerned about the undoubted magnet created by this local Community to vagrants and others looking for responsibility-free accommodation and shelter. Whether the second tier reception for drug, etc., addicts will prove worthwhile is open to conjecture for, while it is work of concern to the Health Authority, results only will justify its continuation, for the aim must be recovery of the "lost" back to normal community life. Treatment of verminous conditions was, of course, necessary throughout the year, although it was notable that a number of cases treated arose in connection with the Church Army Hostel where there has been, despite constant surveillance, endemic condition among elderly lodgers for some years. Most of the cases occurred during the early part of the year and the remainder in late summer. Sterilisation of bedding, clothing, etc. was as usual carried out at the Slade Hospital and D.D.T. powder continued to be used regularly in connection with the premises and clothing, as necessary.

### (iv) Movable Dwellings

Although there are only 6 resident caravans in the City accommodating 9 persons on 2 sites, no less than 742 inspections of movable dwellings were carried out during the year. These, unfortunately, were necessary in connection with a number of gypsy or itinerant caravan dwellers' accommodation which suddenly appeared at Slade Park—City Council land partly within the district of the Bullingdon Rural Council. Considerable disturbance was created—with much refuse littering the site—and it was a matter of considerable concern to both Council Health

AFTERMATH OF "TRAVELLERS' CAMP"

Departments and the City Estates Department in dealing with the problems arising. Ditches around the site were fouled, drains were choked and disturbance created at the nearby school and Welfare accommodation. Unauthorised wrecking of fences also occurred by the 'roughnecks' and 'tinkers' concerned, who are commonly found wandering about the countryside acting as unofficial scavengers of unwanted junk and tending to disturb the peace wherever they go. Such people have created considerable concern nationally. Indeed, the Government have now instructed Local Authorities to prepare sites for reception of their vans and families so that the children may attend local schools for periods throughout the year and so enable a reasonable standard of education to be achieved and with the hope that constant attempts by local Public Health Inspectors and others may inculcate some reasonable standard of hygiene into the lives of the caravanners. The true gypsy is far from being a nuisance to the population and normally shows an excellent standard of hygiene in living conditions but, of course, they are not the source of the considerable concern now being shown, which has been provoked by the types abovementioned.

It was possible eventually to transfer for a period a group of locally known caravanners to an established site at Slade Park formerly fully occupied by Messrs. Laings' building contractor's workers. This temporary move was made in the light of proposals by the Bullingdon Rural District Council to set up—just outside the City and near the City Sewage Disposal Works—a caravan site for some 15 caravanner families, bearing in mind the requirements of the new Act. At the end of the year interest was being shown by both City and the adjoining Rural District Council in attempt to provide sites which would meet the requirements of the new Act and secure focal points for the wanderers to settle down for such periods as would enable their families to be educated and eliminate the aimless looking for sites, particularly during winter weather, when conditions are worst. Happily the normal caravan sites around the City continue to be well organised and cope with the large number of settled family units who keep their sites and so-called temporary homes in good order and within the terms of the Acts in force.

### (v) Offensive Trades

Time seems to be running out for the Marine Store Dealer in St. Ebbe's as redevelopment work proceeds and no doubt re-siting of this dealer's business will not be long delayed. There are no other trades coming under the heading of offensive trades in the City.

### (vi) Drainage

34 (32) complaints were received during the year regarding drainage difficulties and, as usual, the City Engineer's staff collaborated closely with us in dealing with some of the problems.

**(vii) Riding Establishments, Stables and Piggeries**

One small Riding Establishment at Wolvercote continues to provide satisfactory accommodation for two or three riding ponies. There are now only 9 piggeries within the City, of which 2 remain on the register as sterilising waste food under the Diseases of Animals (Waste Food) Order, 1957. 104 inspections were carried out generally in connection with these premises. 4 piggeries were closed down during the year involving well over 1,000 pigs, mainly because of purchase by the Corporation for housing purposes of the large Crescent Road pig farm operated for many years by Mr. S. Turner, who has transferred his piggery activities to a site beyond the City boundary. Other piggeries in the Jackdaw Lane area became so insanitary and unsatisfactory that closure was required of the owners, who were in no position to rebuild to the standard now required. Swill collection continues from some food premises in the City and from time to time it is necessary to draw the attention of collectors to the need for care in the handling of this material so as to prevent nuisance arising during its carriage through the City.

**(viii) Pet Animals and Animal Boarding Establishments**

10 pet animal shops licensed under the provisions of the Pet Animals Act continued in operation throughout the year and 58 visits were made. Little trouble was experienced and the premises continue to be generally well operated.

White's Boarding Establishment for Animals also continued in operation and provided useful accommodation for about 36 dogs and 20 cats. The principal demand is, of course, during the summer holiday period when the accommodation is fully booked. Part of the premises is also useful to the Police authority as a pound for stray animals and the Royal Society for the Prevention of Cruelty to Animals are interested in that aspect as well as the general welfare of the animals boarded. There seems a possibility that the site on which this Boarding Establishment is situated will be required by the Corporation in the not too distant future for housing development and towards the end of the year concern as to the future of his business was expressed by Mr. White. Enquiry is being made at the time of writing this Report regarding possible re-siting, which could well be just outside the City, but it is hoped that whatever happens an adequate replacement will be available for what is, in fact, a most useful service to the general public. The Greyhound Track kennels continue to be operated satisfactorily and there was no major cause for concern in that connection.

The Sanctuary Society—interested in the resettlement of stray animals and very much a voluntary body operating among animal lovers—is still searching for a site suitable for carrying on their particular work in a

specially constructed set of buildings. In the meantime they encourage certain animal lovers to receive (for temporary periods) animals which have to be held pending their resettlement. On the whole, this activity has not resulted in any serious complaint of nuisance.

### (ix) Factories and Workplaces

Outworkers' notifications were received as usual and 48 persons, mainly concerned with the making of toys, dresses and tailoring work, were notified to the Department and entered on the register. Visits were made to the premises concerned but in no case was there any cause for concern.

The inspection of factories and workplaces continued, the non-power factories receiving particular attention, and about one-third of those classed as power-operated premises were visited. The main responsibility for these, of course, lies with the Factory Inspector. 142 (216) inspections were carried out in connection with the premises on the register. Appropriate tables are set out below.

**Outworkers (Sections 133/134)**

| Nature of of Work | Section 133 | Section 134 |
|---|---|---|
| | Number of Outworkers Notified | Number of Contraventions |
| Wearing Apparel Making, etc. . . . . | 38 | Nil |
| Stuffed Toys . . . . | 3 | Nil |
| Textile Weaving . . . . | — | Nil |
| Jewellery . . . . . | 7 | Nil |

**Inspection of Factories and Workplaces**

| Premises | Number on Register | Number of | | |
|---|---|---|---|---|
| | | Inspections | Written Notices | Occupiers Prosecuted |
| (i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities . . . . | 13 | 21 | 1 | — |
| (ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority . . . . | 346 | 109 | 7 | — |
| (iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) . . . . . | 9 | 12 | — | — |
| Total . . . . . | 368 | 142 | 8 | — |

**Defects found in Factories**

| Particulars | Number of cases in which defects were found | | | | No. of cases in which prosecutions were instituted |
|---|---|---|---|---|---|
| | Found | Remedied | Referred To H.M. Inspector | Referred By H.M. Inspector | |
| Want of cleanliness (S.1.) .. | — | — | — | — | — |
| Overcrowding (S.2.) .. .. | — | — | — | — | — |
| Unreasonable temperature (S.3.) .. .. .. | — | — | — | — | — |
| Inadequate ventilation (S.4.) | 1 | 1 | — | — | — |
| Ineffective drainage of floors (S.6.) .. .. .. | — | — | — | — | — |
| Sanitary Conveniences (S.7.) | | | | | |
| (a) Insufficient .. .. | — | — | — | — | — |
| (b) Unsuitable or defective | 12 | 9 | — | 1 | — |
| (c) Not separate for sexes | — | — | — | — | — |
| Other offences (not including offences relating to Home-work) .. .. .. | — | — | — | — | — |
| Total .. .. .. | 13 | 10 | — | 1 | — |

## (x) Offices, Shops and Railway Premises Act, 1963

There was an increase in the number of premises on the register at the end of the year—1,736 as against 1,688. The total number of visits of all kinds made was 619 and the number of general inspections carried out by staff was 101. There were 26 deletions from the register and 74 new entries. 46 accidents were reported—about half as many as during the previous year—and none of them proved serious. All were followed up as a matter of routine and proved in the main to be matters of simple accident without much evidence of neglect on the part of the responsible persons. As will be seen from the tables set out below—of the 46 accidents reported, 36 occurred in retail shops and informal advice was deemed appropriate in 2 cases only, there being no action considered necessary in respect of the other 34. An analysis of the reported accidents shows as follows:—

| | Offices | Retail shops | Wholesale warehouses | Catering establishments open to public, canteens | Fuel storage depots |
|---|---|---|---|---|---|
| Machinery .. .. .. | — | 1 | — | — | — |
| Transport .. .. .. | — | — | — | — | — |
| Falls of persons .. .. | — | 11 | 1 | 4 | — |
| Stepping on or striking against object or person | — | 2 | — | — | — |
| Handling goods .. .. | 1 | 8 | 3 | — | — |
| Struck by falling object .. | — | 1 | — | — | — |
| Fires and explosions .. | — | — | — | 1 | — |
| Electricity .. .. .. | — | — | — | — | — |
| Use of hand tools .. | — | 9 | — | — | — |
| Not otherwise specified .. | — | 4 | — | — | — |

As will be noted from the analysis, there were no less than 16 falls by persons working mainly in retail shops or catering establishments, 11 resulting from the handling of goods in retail wholesale warehouses and 9 in connection with the use of hand tools—mainly butchers and cutters involved in the handling of knives and cutting tools. 9% of the accidents were associated with staircases, 22% with the cutting or chopping activities mentioned, 22% due to slipping on surfaces of one kind or another, and 16% to the lifting or loading of goods. Falling materials or spillage caused 9% of accidents and the remaining 22% were of minor significance. Lack of cleanliness headed the list of contraventions with unsatisfactory condition of floors, passages and staircases also evident. Lack of first-aid equipment is still too notable and failure to provide thermometers once again apparent. There seems lack of appreciation of the need for full compliance with the provisions of the Offices, Shops and Railway Premises Act and some occupiers still do not realise the extent of their responsibilities.

## (A) REGISTRATIONS AND GENERAL INSPECTIONS

| Class of Premises | Number of premises registered during the year | Number of registered premises at end of year | Number of registered premises receiving a general inspection during the year |
|---|---|---|---|
| Offices | 42 | 676 | 38 |
| Retail Shops | 25 | 873 | 61 |
| Wholesale Shops, Warehouses | 1 | 44 | 1 |
| Catering establishments open to the public, canteens | 6 | 138 | 1 |
| Fuel storage depots | — | 5 | — |
| Totals | 74 | 1,736 | 101 |

TOTAL NUMBER OF VISITS OF ALL KINDS BY INSPECTORS TO REGISTERED PREMISES UNDER THE ACT—619



| Contraventions in respect of | Found |
|---|---|
| Sec. 4 Cleanliness | 28 |
| Sec. 5 Overcrowding | Nil |
| Sec. 6 Temperature | 19 |
| Sec. 7 Ventilation | 4 |
| Sec. 8 Lighting | 3 |
| Sec. 9 Sanitary Conveniences | 8 |
| Sec. 10 Washing facilities | 10 |
| Sec. 11 Supply of drinking water | Nil |
| Sec. 12 Accommodation for clothing | Nil |

| Contraventions in respect of | Found |
|---|---|
| Sec. 13 Sitting facilities | Nil |
| Sec. 14 Seats for sedentary workers | Nil |
| Sec. 15 Eating facilities | Nil |
| Sec. 16 Floors, passages, stairs | 16 |
| Sec. 17 Fencing of exposed parts of machinery | 7 |
| Sec. 18 Protection of young persons from dangerous machinery | Nil |
| Sec. 19 Training of persons working at dangerous machinery | Nil |
| Sec. 23 Prohibition of heavy work | Nil |
| Sec. 24 First Aid—general provisions | 17 |
| Sec. 50 Abstract of Act | 4 |
| Total | 116 |

**(C) Exemptions**—Nil.

**(D) Prosecutions**—Nil.
Number of complaints (or summary applications) made under section 22—Nil.
Number of interim orders granted—Nil.

**(E) Inspectors**
1. Number of inspectors appointed under Section 52 (1) of the Act—11.
2. Number of other staff employed for most of their time on work in connection with the Act—1.

**(F) Reported Accidents**

| Workplace | Number reported | | Total Number | Action recommended | | | |
|---|---|---|---|---|---|---|---|
| | Fatal | Non-Fatal | Investigated | Prosecution | Formal Warning | Informal Advice | No Action |
| Offices | — | 1 | 1 | — | — | — | 1 |
| Retail Shops | — | 36 | 36 | — | — | 2 | 34 |
| Wholesale Shops, Warehouses | — | 4 | 4 | — | — | — | 4 |
| Catering establishments open to public, canteens | — | 5 | 5 | — | — | — | 5 |
| Fuel storage depots | — | — | — | — | — | — | — |
| Totals | — | 46 | 46 | — | — | 2 | 44 |

**(xi) Pest Extermination**

Once again it is a pleasure to show appreciation of the work of Mr. Williamson and his staff in pest control. His report was received promptly at the beginning of January and shows a satisfactory year's performance. Complaints have dropped from 1,638 to 1,270 this year and rat complaints from 542 to 441 with mice infestations about the same at 217 (233). The majority of the infestations were of a minor nature, although one or two major infestations were also dealt with. 2 reservoir (200+) infestations were being treated towards the end of the year at the large piggeries which had ceased to operate. Attention was given promptly on notification of closure of the businesses so that any large scale migration of rats might be forestalled. 4 new contracts were agreed during the year, bringing the total in operation under the Agreement scheme to 23, annual income being £489. Charges for treatment at business premises have increased from 15/- to 21/- per vehicle/man hour, due unfortunately to continually rising costs.

Wasp complaints fell considerably from 537 to 213. Bug infestations were down to 16 but there appears a slight increase in infestations by animal fleas which can cause discomfort to human beings, there being 45 this year as against 31. Council living accommodation has been found on several occasions infested by cat or dog fleas with the need for treatment, sometimes unhappily after tenants have settled in. Occasionally a bug infestation is found, which is also unfortunate. Mr. Williamson draws attention to the age old practice of furnishers taking in used furniture in part-exchange for new as there is always risk in the passing on of infestations by both storing and showing such furniture alongside new pieces. Staff adequately coped with all problems during the year and the figures in connection with the Ministry Report are set out as follows:—

**Prevention of Damage by Pests Act, 1949**

**Report for Year ended 31st December, 1968**

| | | *Type of Property* | |
|---|---|---|---|
| | *Properties other than Sewers* | *Non-Agricultural* | *Agricultural* |
| 1. | Number of properties in district . . . . | 39,072 | 17 |
| 2. | (*a*) Total number of properties (including nearby premises) inspected following notification . . . . . | 1,015 | — |
| | (*b*) Number infested by | | |
| | (i) Rats . . . . . | 441 | — |
| | (ii) Mice . . . . . | 217 | — |
| | (iii) Nil found . . . . | 2 | — |

| | | | |
|---|---|---|---|
| 3. | (*a*) Total number of properties inspected for rats and/or mice for reasons other than notification .. .. | 16,674 | — |
| | (*b*) Number infested by | | |
| | (i) Rats .. .. .. .. | 11 | — |
| | (ii) Mice .. .. .. .. | 9 | — |

Sewers—

4. Were any sewers infested by rats during the year? Yes

**Rat Infested Sewers**

Combined test treatments were carried out during the year as follows:—

| | | Manholes pre-baited | Poison Baits laid | Poison takes | |
|---|---|---|---|---|---|
| | | | | C.T. | P.T. |
| Jan/Feb. | Central and St. Ebbe's areas | 181 | 39 | 21 | 12 |
| March | Rose Hill and Cowley .. | 242 | 5 | not recorded | |
| May | Central .. .. .. | 88 | 19 | 10 | 1 |
| May | St. Clement's and East Oxford | 81 | 19 | 6 | 4 |
| July | Headington and Marston .. | 153 | 30 | 7 | 3 |
| July | Headington .. .. .. | 71 | 1 | not recorded | |
| September | Central and St. Ebbe's .. | 109 | 30 | 8 | 7 |
| November | East Oxford, Part Cowley and Headington .. .. .. | 120 | 12 | 6 | 4 |

| | | |
|---|---|---|
| Total number of manholes pre-baited .. .. | 1,045 | |
| Total number of manholes poison baited .. | 155 | |
| Total number of poison "takes" recorded .. | 54 | complete |
| | 22 | partial |
| Total number of poison baits not recorded .. | 6 | |

The degree of infestation in the sewer system has fallen during the year. Figures for 1967 show that 1,006 manholes were pre-baited and poison takes recorded were 87 complete, 46 partial.

**Visits by Operatives in connection with Rodent Extermination**

| | | *Totals* |
|---|---|---|
| Local Government Premises | | |
| 1st visits .. .. .. .. | 25 | |
| Re-visits .. .. .. .. | 69 | 94 |
| Dwelling-houses | | |
| 1st visits .. .. .. .. | 478 | |
| Re-visits .. .. .. .. | 1,307 | 1,785 |
| Business Premises | | |
| 1st visits .. .. .. .. | 113 | |
| Re-visits .. .. .. .. | 291 | 404 |

| | | |
|---|---|---|
| University Premises | | |
| 1st visits .. .. .. .. | 26 | |
| Re-visits .. .. .. .. | 73 | 99 |
| | | 2,382 |
| Poison | | |
| Baits laid .. .. .. .. | 7,944 | |

Gratitude is expressed to members of the City Engineer's Drainage Department, who have given valuable assistance in connection with sewer treatment during the year. Miss Neve of the Ministry of Agriculture, Fisheries and Food (Technical Department) is again thanked for her ready advice and interest in our work. Professor Varley and his staff at the University Hope Department of Entomology are always ready with advice on matters associated with insect pests and we continue to be grateful to them.

### (xii) Air Pollution Control

The Oxford (No. 7) Smoke Control Order became operative on 1st December, 1968, and affected some 803 premises in South Oxford, the acreage covered being 110. This brings the total acreage covered by Orders to 1,703, involving 6,885 premises. While this is a useful proportion of the City area, it is still far from enough in view of the 13 years which have elapsed since the Clean Air Act was introduced. Clearly only some 20% of the total acreage and premises of the City are covered by Orders. I would have been happier if 50% had been achieved by now, although it is pertinent to remark that much of the area not covered by actual Orders contains many premises which are already smokeless and therefore actually contributing to the record of Clean Air over the City.

Grant Aid was applied for 371 conversions, costing £6,607 4s. 11d. The average cost of converting an individual fireplace has risen this year to £25 10s. 0d. as against £20 0s. 0d. last year, due largely to the choice of more expensive equipment involving gas fires and inset solid fuel heaters. The percentages of conversion are interesting in that solid fuel was the choice in 55% of cases (37% approved open appliances and 18% stoves). Gas was chosen in 41% and electricity in 4% of cases. The Order permitting Grant Aid for electric radiant fires came into force too late to have any effect on the electricity conversions. The survey of two further areas (Nos. 8 and 9) for 1969 is complete. It is hoped to declare the St. Ebbe's area a Smoke Control Area prior to redevelopment which is imminent and also proposed to extend the Smoke Control programme eastwards from South Oxford towards the Iffley Road area.

An innovation during the year was a postal survey following discussion with colleagues in other places where such surveys had proved useful. It was encouraging to achieve no less than a 96% return—a higher figure

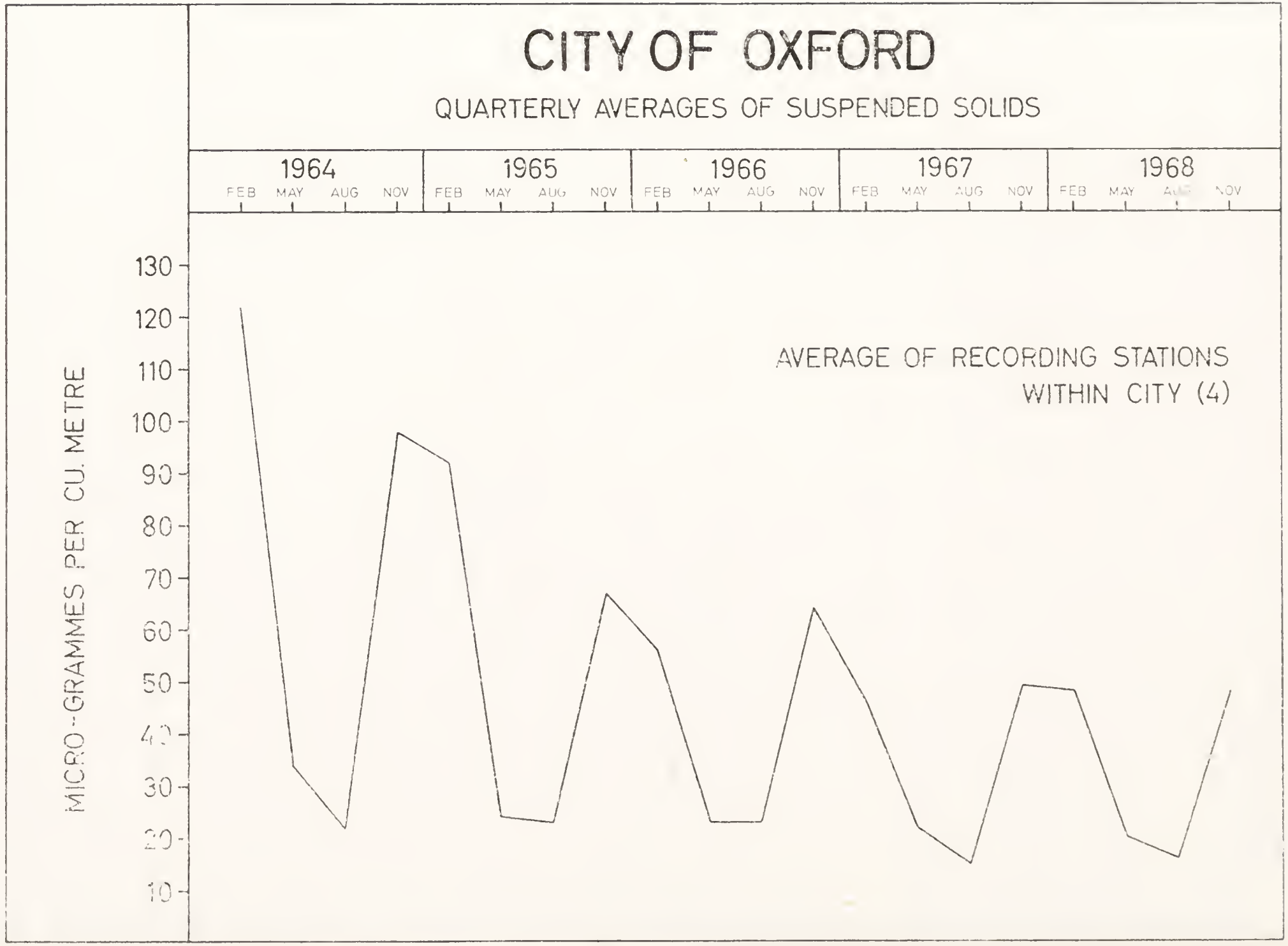
than that obtained in our other areas involving repeated house-to-house visiting. While it remains to be seen whether the information provided by householders is substantially accurate or not, it is confidently anticipated that it will be adequate for our purpose.

Chimney heights provided considerable interest in that 28 cases arose requiring discussion and advice under the Advisory Memorandum of the Ministry of Housing and Local Government. Advice was given and agreement reached on heights and type of chimneys and on fuel to be used with particular regard to our constant endeavour to secure reduction in acid gas pollution as well as solid fall-out. Discussions took place on many other matters affecting the use of fuel and appliances involving both heating plant and incinerators. The latter are becoming an increasing object of interest to those having localised refuse disposal problems involving, in particular, paper and cardboard containers and wrapping or packing material.

The outstanding chimney height item was, of course, the Manor Road new teaching hospital complex which is being developed on an elevated site at Headington. Proposals were forthcoming from the United Oxford Hospitals Board (with the support of the Department of Health) for massive construction of Wards and other building blocks including a separate Industrial and Engineering Block with which will be associated a battery of boilers connected to a large multi-core flue anticipated as likely to be some 180 feet in height. The proposal was based on the burning of heavy oil having a considerable sulphur content. A storm of protest arose when the proposals were published. Our progress in Clean Air matters, although not spectacular, has been steady and prolonged and close co-ordination has been established with Planning interests in safeguarding in particular any central development and the famous Oxford skyline. Contact was soon made with the United Oxford Hospitals Board representatives and discussions ensued with all responsible regarding the need for heavy oil as fuel. The Editors of the Oxford Mail and Times vigorously supported the challenge to the first decision of the Board to use heavy oil. My point was made that as natural gas supply was imminent in the area, a Health Department should, as such, give particular support to use of a non-polluting fuel which might result in a shorter flue and in any case reduce risks of local pollution. It was, of course, appreciated that price differentials were important in the context of the whole development but the Southern Gas Board, after serious consideration of the whole price structure, eventually offered a very competitive rate which, in the end, was accepted by the Board and the Department. Publicity grew in amount and extent reaching almost international proportions, with many letters appearing in the national press with comment even from abroad. Affect on the Oxford scene seemed to be the main theme, although the pollution problem also received attention, notwithstanding the fact that a high flue would be a safeguard against injurious ground level contamination. Nevertheless a

# CITY OF OXFORD

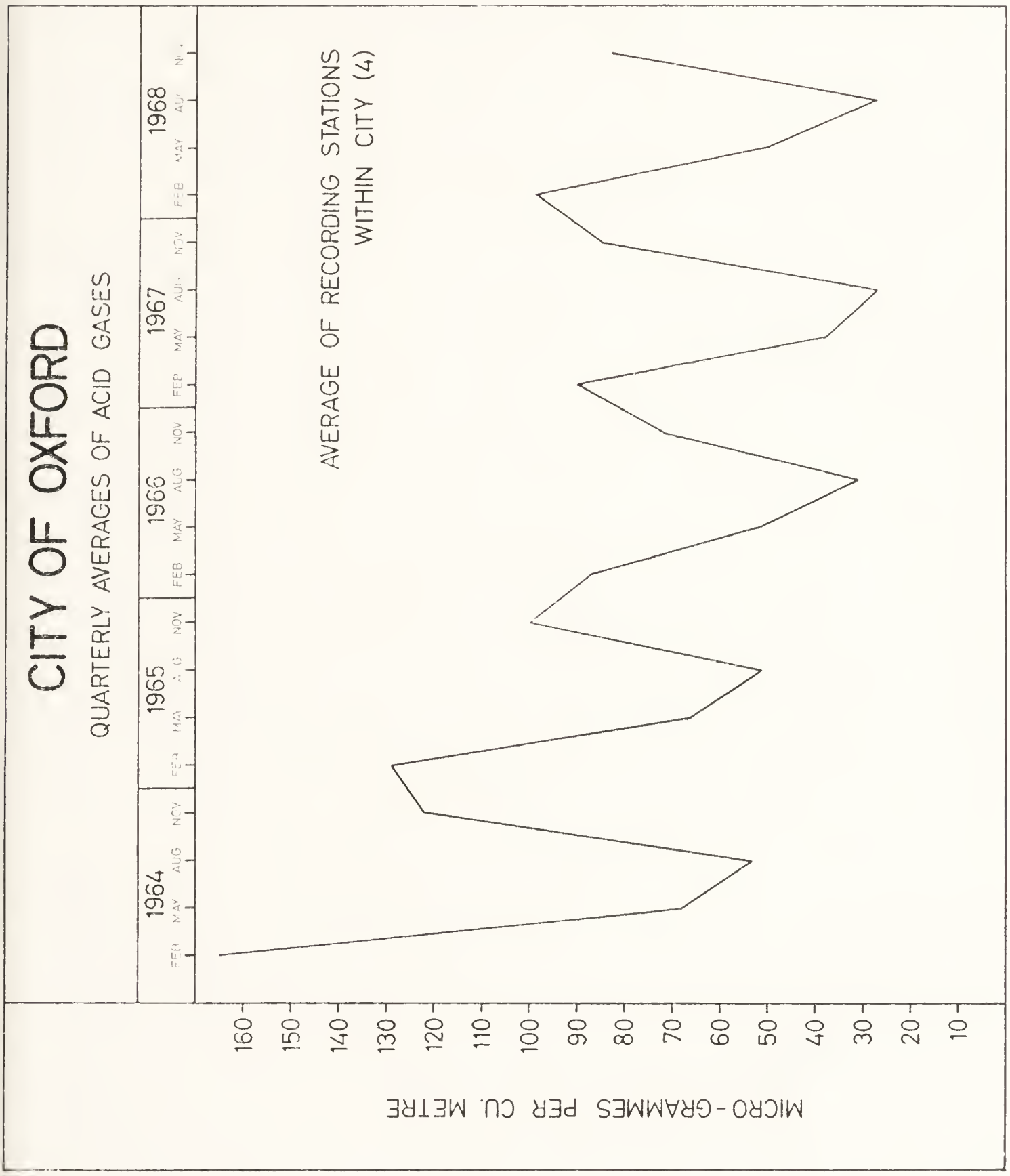
## QUARTERLY AVERAGES OF SUSPENDED SOLIDS



# CITY OF OXFORD

QUARTERLY AVERAGES OF ACID GASES

AVERAGE OF RECORDING STATIONS WITHIN CITY (4)



hot debate developed and eventually your Chief Public Health Inspector accepted an invitation to appear on Midland I.T.V. with a secondary contribution to the Jack de Manio broadcast from the London B.B.C. A plea was made that every effort should be applied to the aim of avoiding particularly any air pollution as well as anything likely to despoil the Oxford scene like the erection of a very tall flue on high ground tending to dominate the area. Our efforts in Clean Air over the last ten years have progressively reduced pollution figures and any development likely to embarrass or threaten it was thought unwise, in view of the availability now of a non-polluting fuel like North Sea Gas for a hospital development of such magnitude and importance as that at the Manor Road site most likely to serve the Oxford area for a very long time to come.

Wind tunnel tests were arranged eventually and were attended by a representative of the City Planning Department, your Chief Public Health Inspector and his Deputy and officers of the Hospital Board and Consultants who were able to visit the Laboratories for the event. Tests concluded that a chimney of no less than 170 feet was desirable if impingement of effluent on the highest section of the Maternity building was to be avoided. Gas effluent, although comparatively harmless, would, it was claimed, need substantial lift in order to clear the high building. Early in 1969 decision was made that the project would proceed with a multi-core stack of 170 feet, although 2 x 80 feet flues will serve temporarily the Stage I development and should be a useful guide to likely effects—using gas as fuel. The satisfaction of achieving a non-polluting fuel for the development was somewhat tempered by the decision about the flue height. It is felt locally that a flue of somewhat lower height might prove adequate as Northerly winds only affect the building for 10% of the year. Nevertheless it was a partial victory and showed the importance of pressing Clean Air measures, despite tough opposition.

Incineration is now emerging as a future problem for Hospitals, Schools, Colleges and commercial premises generally. All have their refuse disposal problems because of the large amount of paper packaging, cardboard boxes and disposable containers now in use. They are often bulky and take up space which should be available for smaller material. If all interested concerns provide their own incinerator plant the air would be subject to emergent effluent from innumerable chimneys and capable of variation in kind from particles of partially consumed material and other solid fall-out, to evil smelling gases and sooty compounds rather than what should emerge—inocuous invisible gases. Even assuming best possible conditions of efficiency in operation, many flues would be needed and constitute needless intrusion into the skyline of this important City. The growing use of polythene and P.V.C. material is a worry, for, when burned, they give rise to potentially dangerous acid effluent and hospitals, car factories, and other industrial and commercial premises use a growing amount of this modern material. It is commonplace for empty cartons to be jammed into otherwise spacious refuse containers

so restricting and preventing them being fully utilised. No wonder frustration and concern upsets the Public Cleansing staff when faced with such conditions—sometimes quite appalling in neglect and inattention to reasonable conditions. Efficient hygiene and proper conduct generally of a business may often be assessed (so it is said) by a look at the dustbins and refuse storage conditions. This statement can be supported by those who have seen much and assessed accordingly.

There was an effort during the year by the N.I.F.E.S. organisation to stimulate consideration of centralised incineration of refuse involving the car and Cowley industries generally, the City Council, the hospitals and others having considerable amounts of refuse for disposal. Centralised incineration plant within a reasonable length of haul, modern facilities for preventing pollution, and recovery of waste heat for factory purposes was suggested. Officers of appropriate Departments and concerns met N.I.F.E.S. representatives and consideration was still being given to such a project by the end of the year. The City Council, would it was thought, certainly need to consider an alternative to controlled tipping within, say, 10 years—as available land would be used up, but whether practical consideration could be given to an expensive scheme at this time seems problematical. The disposal of refuse by incineration at hospital premises was highlighted during the year by nuisances from both Churchill and Nuffield Hospitals where incinerators unfortunately insufficient in size and inadequate in performance deal with considerable quantities of refuse from the hospitals. It also seems something of an anomaly that members of the porterage staff are required to fire the incinerator plant despite absence of any technical know-how. Careful attention to details of proper combustion is required to achieve adequate smokeless disposal of miscellaneous refuse. It seems to this Department essential for competent staff to deal with such a particular problem if proper compliance with Clean Air Act provisions and efficient disposal of the refuse are to be achieved. The day when miscellaneous refuse can be slung into a fireplace without regard to the consequences has now gone.

Another interesting problem on smoke emission involved Morrell's Brewery where a modern packaged solid fuel boiler was installed as agreed under Clean Air Smoke Control Area proposals. It was, of course, expected to be comparatively smokeless and so comply with the Act. Unfortunately it did not. Trouble was experienced with the compressed air blown feeding system associated with difficulties regarding depth of fuel and its distribution over the grate. Because of the fluctuating load there was also trouble about excess air and modulating control. Persistent effort with collaboration from the installers and Brewery staff eventually secured control and at the end of the year the plant was working satisfactorily.

Some concern was felt about paint fall-out from the Morris Motors section of the Cowley factory complex. Despite constant vigilance by the firm it was found by using detector plates, that fall-out was noticeable

over some parts of Cowley where cars and premises showed signs of fine paint droplets. The factory management took immediate steps to check the Fernhill Road section of the plant and faults were found which required installation of daily renewable filters in order to prevent over-spray causing nuisance. If filters are regularly changed no further trouble should be experienced, although it is understood that the firm is likely to use an electro-static system in order to prevent over-spray as well as save paint. Complaint regarding fall-out from the incinerator chimney which dominates the Fernhill Road area was also received and this was found to be due to careless operation and the burning out of part of the incinerator combustion area. Action taken to secure repair and improved firing conditions abated the nuisance and conditions seemed well under control at the end of the year.

Certain deposit readings were continued in the Jericho area until March 1968 when the gauges were removed as it was considered they had provided sufficient information for the purpose intended, i.e. basic information prior to possible development of a modern Coal Depot north of the Oxford station. The original proposals have not been proceeded with but further consideration is being given to private development of a storage depot to supply local merchants with various grades of solid fuel from a stock-pile. There will be provision for mechanical loading, etc., under the same general requirements as were agreed for the original Depot, involving control of dust, noise and safeguards against general nuisance.

| | *Averages for January-March only* | |
|---|---|---|
| | *Tons per square mile* | |
| | *Insoluble matter* | *Ash* |
| Highways Yard, Nelson Street .. | 3.816 | 2.592 |
| 39 Cardigan Street .. .. .. | 3.903 | 2.260 |
| Waterways Yard .. .. .. | 3.142 | 1.837 |

**Dry Cleaning**

There was again a fair amount of interest shown in the installation of dry cleaning plant in various premises throughout the City. It continues to be a popular form of business which is giving rise to problems of ventilation and fume dispersal. There is no doubt that some concern has been created since our original report on problems met with in this City. Indeed your Chief Public Health Inspector was invited to introduce the subject of Launderettes and Dry Cleaning Premises at a meeting of the Western Centre of the Association of Public Health Inspectors. The outcome of this was a request for practice notes for use by Association members when dealing with such premises. A draft Code of Practice involving some 33 items was drawn up, dealing with sites, installations, use of premises and of appliances and general precautions to prevent

nuisances. Proper care in the installation of appliances and steps necessary to avoid hazards to health and nuisances by noise, vibration, etc., were recommended. There continues to be close collaboration between the Planning Officers and Public Health Inspectors, with considerable progress made in controlling this sort of business activity within the City.

**(xiii) Noise Nuisances**

Some 35 noise nuisances were investigated during the year, 24 of which arose from industrial processes operating within the City. 4 were matters of further complaint arising in respect of Messrs. Lucy's Eagle Foundry and their waste heat boiler system coupled to generators at the Walton Well Bridge Works. There seems some improvement during the year in connection with this complaint and, with the help of an expert on noise problems on the staff of the College of Technology, it seems that noise levels and, indeed, the timing of noisy processes have now been improved, there having been no recent cause for complaint. Several complaints were received from the area adjoining the Co-operative Society Bakery in Botley Road where modern but noisy flour machinery had been installed. Adequate insulation was eventually applied to the machinery concerned and no further nuisance has been experienced. 4 complaints involved animal keeping and one of pigeons, all being satisfactorily dealt with, while a few related to car repairs and car hand-ling operations. Another complaint which gave rise to prolonged concern was associated with the Headington Labour Club which is unfortunately housed in a building of short-lived materials adjoining residential property. Despite close co-operation by the Club Committee, nuisance was occasionally created on the occasion of convivial evenings when music, etc., caused excessive noise which upset neighbours. Building improvements are in progress at the premises which, it is expected, will overcome much of the trouble and it is hoped that little further annoyance will be created. There was no further nuisance from the large Electricity Sub-station near the Blackbird Leys Estate where current reduction operations had been for a while causing repeated noise nuisance. Our Noise Level Meter continued in use by staff, and the Department is grateful to Mr. Powell, M.Sc., A.M.I.C.E., of the Oxford College of Technology, not only for advice from time to time, but also for a very successful 8 weeks' course organised by him at the College's School of Engineering. Over 100 persons attended a most interesting and helpful series of lectures and demonstrations.

**(xiv) Radiation Hazards**

An increase of 2 in the premises registered brought the number to 39—registration being required under Section I of the Radioactive Substances Act, 1960, relating to the storage and use of radioactive material. In so far as the disposal of radioactive material is concerned,

30 premises (an increase of 1) were registered under Section 26. Mr. R. Oliver, M.A., M.Sc., the Radiation Protection Officer, continued to be responsible for the general arrangements. Despite interest in radiation among City and University Departments, nothing like the maxima authorised in the Certificates issued was reached at any time during the year. In so far as emergency action is called for in this sphere, and that of any other service, the Chief Constable continues to supervise the administrative arrangements and has issued a file covering the steps to be taken and the officers to be called in cases of emergency.

### (xv) Swimming Baths and Bathing Facilities

The list of school pools and river bathing places is given below and is on similar lines to that given last year with the addition of Sunnymeade School and Lady Margaret Hall. Some 17 test samples were taken and staff in charge of pools continued to keep careful watch on chlorine content and general condition of water in the pools where not subject to river flow. So long as chlorine content remains at satisfactory level bacteriological samples seem unnecessary and conditions throughout the pools in the City continued to be satisfactory. The river bathing places are subject to the vagaries of weather and conditions on the river banks but nothing worthy of note occurred during the year under review. The Temple Cowley covered swimming pool and Hinksey open air pools continue to provide controlled public bathing facilities—quite heavily used, particularly in the summertime.

School pools—Wood Farm (2); New Marston; Headington Girls'; Milham Ford; Cutteslowe; Summerfield; Oxford High School for Girls; Rose Hill; St. James' C. of E.; Beauchamp Lane; Blackbird Leys; BartholomewRoad, Church Cowley; Bishop Kirk C.of E.; St. Mary and St. John; St. Edward's (2); Wolvercote; St. Andrew's C. of E.;

River Bathing Places—St. Clement's; Long Bridges; Tumbling Bay; Wolvercote; Dames' Delight; Parsons' Pleasure.

(The Dragon School and others use the River Cherwell for school bathing).

Public Bathing Places—Temple Cowley covered swimming pool; Hinksey Pools (open air).

### (xvi) Water Supply

The report of the Engineer to the Oxfordshire and District Water Board, Mr. G. W. Fuller, B.Sc., M.I.C.E., A.M.I.W.E., is given herewith.

During the year the supply to consumers was adequate and no restrictions had to be imposed.

The total quantity of water treated at the Swinford and Farmoor Source Works (which supply the Oxford City system) was 3,924,257,000 gallons, an increase of 232,910,000 gallons.

After deducting meter supplies, the average consumption per head per day was 31.51 gallons.

The quality of the water was satisfactory.

**Bacteriological Examinations**

Samples of water from the River Thames were taken each month together with samples after settlement, after filtration, and of the final water leaving the Source Works. Samples have also been taken of the quality of water held in Farmoor Reservoir.

Examination of these samples by the Public Health Laboratory gave the following range of probable number of coliform bacilli (2 days at 37°C.) per 100 ml.

| | |
|---|---|
| River Water Samples .. .. .. | 25—180,000 |
| Settled Water Samples .. .. | 0—0 |
| Filtered Water Samples .. .. | 0—1 |
| Final Water Samples .. .. .. | 0—0 |

Bacteriological samples were taken at least weekly from each of the various service reservoirs and from consumers' taps throughout the area of supply with the following results.

| Place of Sampling | Total No. of samples taken | Results | | Satisfactory samples as percentage of total number of samples taken |
|---|---|---|---|---|
| | | Satisfactory | Unsatisfactory | |
| | | | | % |
| Beacon Hill Reservoir .. | 51 | 50 | 1 | 98.04 |
| Headington ,, .. | 53 | 52 | 1 | 98.01 |
| Shotover ,, .. | 50 | 48 | 2 | 96.0 |
| Boars Hill ,, .. | 52 | 52 | — | 100.0 |
| Brasenose ,, .. | 52 | 49 | 3 | 94.23 |
| Wootton ,, .. | 50 | 49 | 1 | 98.0 |
| Consumers' Taps .. | 112 | 104 | 8 | 92.85 |
| Totals .. .. | 420 | 404 | 16 | 96.2 |

Except for five of the unsatisfactory samples the organisms causing them were of non-faecal type.

During the year, in conjunction with the respective Medical Officers of Health and Public Health Inspectors, a comprehensive system of sampling in accordance with modern recommendations has been organised for the whole of the Board's area.

**Chemical Analyses**

| | Raw Thames Water | | Filtered Water | |
|---|---|---|---|---|
| | Maximum | Minimum | Maximum | Minimum |
| Physical Characteristics | | | | |
| Turbidity: Units | 270 | 5 | 0 | 0 |
| Colour (Hazen) | 150 | 4 | 10 | 0 |
| pH | 8.4 | 7.5 | 7.8 | 7.1 |
| Electrical conductivity at 20°C | 640 | 420 | 690 | 510 |
| Chemical Characteristics | | | | |
| Total Solids dried at 180°C | 460 | 295 | 495 | 360 |
| Chlorides as Cl | 34 | 18 | 39 | 24 |
| Nitrite Nitrogen | — | — | — | — |
| Nitrate Nitrogen | 7.0 | 2.3 | 7.3 | 3.0 |
| Ammonical Nitrogen | .4 | Nil | .44 | Nil |
| Albuminoid Nitrogen | .9 | .14 | .92 | .09 |
| Oxygen absorbed: 4 hrs. at 27°C. | 10.3 | .9 | 2.9 | .5 |
| Alkalinity as $CaCO_3$ | 254 | 147 | 233 | 138 |
| Hardness as $CaCO_3$ | | | | |
| Permanent | 129 | 73 | 152 | 79 |
| Temporary | 254 | 147 | 233 | 138 |
| Total | 360 | 220 | 360 | 246 |
| Free Carbon dioxide as $CO_2$ | 10 | Nil | 28 | 6 |
| Residual Chlorine | — | — | .72 | .04 |
| Metals | — | — | .2 | Nil |
| Phosphate as $PO_4$ | .7 | .1 | .3 | Nil |
| Silica as $SiO_2$ | 16 | 3.2 | 12 | 2.1 |
| Detergent as Manoxol O.T. | — | — | .04 | Nil |
| Fluoride (approximate) | — | — | .2 | .1 |

In addition there are six caravans supplied by standpipes.

**(xvii) Sewerage and Sewage Disposal**

Despite a hope that the extension works involving over £1 million expenditure would be in use before the end of the year, this was not to be the case, although 4 additional final tanks were installed and some improvement in sludge treatment and disposal was possible. It is anticipated that the major improvement works will be in operation by the middle of 1969. There is considerable concern about increasing water usage with a rise in biological oxygen demand, although with the new extension in commission, it should be possible to meet the required standard for high quality effluent to the river. Liquid sludge continues to be disposed of on farmland and 500 tons of dry sludge are disposed of on the City farm near the treatment works.

Some concern about an upset of the digestion process was shown during the year after discovery of a quantity of chlorinated hydro-carbons in the sewage. As a result—authority has been secured by the City Engineer for the provision and use of gas chromatography instruments so that a careful watch can be kept on the condition of the sewage with particular reference to effluent from the motor car industries, Hospital and University premises, from which chlorinated hydro-carbons, including

chloroform, etc., may be emitted. Such material, even in small quantities, can upset the sludge digestion process and give rise to nuisance creation as well as unsatisfactory effluent.

Once again it is a pleasure to express thanks to the City Engineer and his staff, including Mr. Lewin, the Sewage Works Manager and Chemist, for their co-operation throughout the year.

## (B) HOUSING CONDITIONS

The Jericho (St. Barnabas) Rehabilitation Area continued to be the main centre of our activity in the housing field during the year. Most of the time of the Senior Housing Inspector and his Technical Assistant were spent on area house inspections, block by block in accordance with the time schedule set out in the instructions of the Housing Committee. The latter confirmed during the year its decision to proceed with rehabilitation involving a mixed treatment by closure and clearance, as necessary, with infilling in some blocks of property and repair and reconditioning of such houses as are felt worthy of retention. The redevelopment of certain blocks is also envisaged after clearance with replacement by new houses of a type to fit the general area layout. Already cleared areas in the north-east part of Jericho are substantially filled with new dwellings almost ready for occupation, and decanting of population from other parts of the area will soon be possible. The first Block (No. 5) to be involved in the scheme of inspection and treatment should then be partially cleared and infilling take place with new terrace properties to a plan drawn up by the City Architect and accepted by the Housing Committee. Private development is also proceeding slowly but steadily with a number of properties already demolished and others reconditioned to the Parker Morris Standard. It is hoped that further progress will continue with this private enterprise in the rehabilitation programme. A third group of property in one ownership has been dealt with by agreed Closing Orders and rehousing of occupants with replacement of the property by the owners to an agreed scheme involving new tenancies. The Housing Committee have also agreed a publicised time-table for block inspections in the area so that meetings may be held with the residents involved (including owners and occupiers) with full consideration to individual circumstances, involving as they do financial implications, rehousing and costs of reconditioning, and also questions regarding the valuation of properties likely to be purchased. Such involved procedure takes up considerable time and requires much day to day contact with residents, agents and owners. A Working Party has therefore been organised to include Officers of the various Departments concerned, which considers at regular short intervals the progress made, any problems requiring early attention and agreeing procedure from time to time. The whole concept of keeping the community together in an old area with rehabilita-

tion block by block is a fascinating experiment in blending new with old but one fraught with difficulties—mainly financial—for while the whole project will, it is considered, be cheaper than total clearance and redevelopment, whether the experiment will be justified through years to come is difficult to answer at present. Much depends on how far owners and occupiers generally are prepared to spend money to recover and maintain their property to a satisfactory standard. Nevertheless strenuous efforts are being made to promote interest and secure progress which, it is hoped, may be stimulated when the first rehabilitated block is completed. Without practical evidence of improvement it is difficult to convince residents of the benefits to be achieved by the scheme. Much is hoped from the new Housing Bill which proposes compensation alterations and many owners are expecting better market values to result with even more financial inducement to Improvement Grant applications as an aid to rehabilitation schemes.

There was an unfortunate hold up to progress by an appeal against proposals to stop up an approach road in the Cranham Street vicinity where new development adjoined the street. Building has proceeded however, and any difficulties in connection with approaches or traffic use in the street concerned will need to be dealt with as they arise. Messrs. Lucy & Company Eagle Foundry have redeveloped part of the Jericho Area adjoining their factory at the north-east corner of the area, while the University Clarendon Press has almost completed a new factory extension at the south-eastern corner. Some 300 houses may be involved in the first portion of the Jericho Scheme with another 300 or more involved in the area immediately adjacent to the core now being dealt with.

In addition to the work involved in the rehabilitation scheme, the Senior Housing Inspector and his Assistant endeavour to deal with multi-occupation problems which involve inspections of houses, often with the Fire Prevention Officer, in order that the extent of works required to comply with the City Regulations may be fully assessed. In addition to fire prevention matters these involve adequacy of sanitary accommodation and bathing facilities, etc. (one unit of each to eight persons). Fire precautions are far from satisfactory in many houses in multiple occupation and costs of work high in relation to the work involved. This hampers progress for there seems no anxiety on the part of many landlords to find money to proceed quickly with works and improvements needed to comply with the Regulations. Nevertheless there would seem conversely no anxiety to stop collecting rents! Income from such premises is invariably quite high and yet does not often appear to be used much towards improvement or even regular maintenance. There is obviously a good profit motive in the running of multi-occupied premises. 727 inspections were carried out and 233 houses so far noted as in multi-occupation. There are, of course, many hundreds more premises occupied in this way throughout the City. It is hoped that some time in 1969 a sample housing survey may be carried out throughout the City in accordance with sug-

DRY ROT, JERICHO REHABILITATION AREA

gestion from the Ministry of Housing and Local Government in order to assess the present picture of housing type, occupation and condition. This would provide a most useful guide to the Housing Committee on which to base their future programmes.

**Improvement Grants**

The City Engineer continues to be responsible for the Improvement Grant provisions of the Housing Act and has kindly supplied the following figures relating to work carried out and applications dealt with through the Improvement Grants Section of his Department:—

**Standard Grants**

23 (20) applications were received in respect of tenanted houses and 93 (56) from the owner/occupiers of houses, the total reaching 116 as against 76 for the previous year. The number of applications approved during the year was 112 (69). 2 applications were refused and the number of dwellings physically improved amounted to 75 (64). 59 baths, 67 wash basins, 69 internal W.Cs. and 60 ventilated food stores were provided by grant aid. The total cost of the Standard Grants amounted to £4,802 13s. 11d. (£7,691) which shows further reduction in the amount spent on Standard Grants and well below the figure for 1965 (less than 50%).

**Discretionary Grants**

7 applications, the same as the number during the previous year, were received in respect of tenanted houses and 41 (34) in respect of owner/occupied houses, the total being 48 as against 41! Applications received totalled 42 (32) and applications refused 2 (2). The number of dwellings actually improved during the year under this heading was 32, compared with 46 achieved during the previous year. The total cost for the Discretionary Grants amounted to £7,927 as against £12,027 in 1967. These figures also show a continued decrease from 1965.

**Unfit Houses**

Form P.13 (Housing) as submitted to the Ministry of Housing and Local Government is set out below.

| | |
|---|---|
| Houses demolished— | |
| in Clearance Areas .. .. .. .. .. .. | 3 |
| under Sections 16/17, Housing Act, 1957 .. .. | 18 |
| in connection with Certificates of Unfitness (Local Authority Houses) .. .. .. .. | 47 |
| Houses closed under 1957/61 Housing Act powers .. .. | 19 |
| Parts of houses closed—Section 18 of the Housing Act, 1957 .. | 1 |
| Displaced persons and families (31 families involving 79 persons) | |

| | |
|---|---|
| Houses made fit (informal action) .. .. .. .. | 18 |
| Houses made fit by formal action .. .. .. .. | 1 |
| Houses subject to Closing Orders made fit and determined thereafter .. .. .. .. .. .. .. | 7 |
| Repairs under Public Health Act or other Acts formal notices | Nil |
| Houses subject to Demolition Orders made fit .. .. | 2 |

**Overcrowding**

30 cases of overcrowding remained on the register at the end of the year, all relating to houses in multiple occupation. 53 visits were made with particular reference to overcrowding and 5 cases were abated during the year. The standards for houses in multiple occupation set out permitted numbers on the basis of facilities required and every person, irrespective of age, counts in the assessment of overcrowding in this form of occupation.

There were no Clearance or Compulsory Purchase Orders made during the year as such action was held up because of objections to compensation standards. The Housing Committee are awaiting the outcome of the proposals set out in the Housing Bill, 1968, before considering further housing action of this kind. 5 Certificates of Unfitness in respect of City Council properties were made during the year. Closing Orders numbered 22. Revocations of Orders involved 7 Closing Orders, 2 Demolition Orders and 1 Undertaking not to re-let. Only 1 Statutory Notice under Section 9 was found necessary during the year. Land Charge enquiries totalled 1,807 as against 1,815—almost the same. Housing surveys in connection with mortgage applications to the City Council numbered 150 as against 202 the previous year. Such surveys are included in reports submitted by the City Treasurer to the Finance Committee when applications for mortgages are being considered.

**Repairs and Improvements carried out, 1968**

| Items | Dwelling Houses | Food Premises | Other Premises | Total |
|---|---|---|---|---|
| Accumulations Removed | 4 | 11 | 1 | 16 |
| Animal Nuisances Abated | 2 | — | — | 2 |
| Cooking Accommodation | 1 | 2 | — | 3 |
| Dampness Remedied | 16 | — | 1 | 17 |
| Dustbins | 1 | 7 | — | 8 |
| Drains/Waste Pipes Cleared | 16 | 5 | 3 | 24 |
| Drains/Waste Pipes, etc., repaired | 11 | — | — | 11 |
| Doors/Windows Repaired | 67 | 19 | — | 86 |
| Floors Repaired/Renewed | 26 | 31 | 23 | 80 |
| Food Cupboards | 5 | 6 | — | 11 |
| Gutters, Spouting | 14 | — | — | 14 |
| Hot Water Supply | 1 | 17 | 21 | 39 |
| Lighting Improved | — | 9 | 12 | 21 |
| Roof Repaired/Renewed | 29 | 3 | 1 | 33 |
| Rooms Cleansed/Redecorated | 10 | 68 | 34 | 112 |
| San. Accom. Prov./Rep. | 12 | 10 | 33 | 55 |
| San. Accom. Cleansed and Redecorated | — | 13 | 5 | 18 |
| Sinks/Wash Basins Rep./Prov. | 5 | 32 | 7 | 44 |
| Smoke Nuisances (Industrial) | — | — | 3 | 3 |
| Ventilation Improved | 8 | 20 | 21 | 49 |
| Walls and Chimneys (External) | 24 | — | — | 24 |
| Walls and Ceilings (Internal) | 27 | 36 | — | 63 |
| Water Supply Prov./Reinstated | 1 | 2 | — | 3 |
| Water Heaters Provided | — | 10 | 20 | 30 |
| Water Supply Installed | — | 1 | — | 1 |
| Yards repaired etc. | 4 | — | — | 4 |
| Other Nuisances | 18 | 250 | 207 | 475 |
| Totals | 302 | 552 | 392 | 1,246 |

## (C) SUPERVISION OF MILK, MEAT AND OTHER FOOD SUPPLIES

### (i) Milk and Milk Products

173 (180) distributors are noted on the register. There are 39 self-service machines providing milk in cartons on sites authorised throughout the City and 44 samples from these machines (as against 40 the previous year) failed the Methylene Blue test. It is again apparent that carelessness in stock rotation and inattention to proper maintenance is the cause of failures. There is still lack of appreciation of the need for good hygiene and a satisfactory code of maintenance in connection with all automatic food machines which are growing in popularity and providing a useful service to the public. Nevertheless automation should not bring with it an unfortunate suggestion that all is well with the contents of the automatic machine, which is expected to take care of itself. This is too much to expect and the human element is essential in respect of proper maintenance, cleanliness and rotation of stock. 59 Methylene Blue test failures were reported out of the 386 samples of milk tested, there being 4 failures allied to retail shops, 6 to schools, 5 to roundsmen's vehicles and the 44 already mentioned from vending machines. Only 4 samples out of 314 submitted for antibiotic examination proved unsatisfactory. Nevertheless follow-up

samples were taken in each case and warnings given to the producers concerned with re-sampling thereafter. All follow-up samples proved satisfactory.

An interesting case was reported during the year involving a herdsman at a local farm who became ill and was found to have a high titre reaction to Brucellosis. The case was all the more interesting in that it involved a farm where Tuberculin Tested milk was being produced and the farmer had quite properly applied, although unknown to this Department, to the Ministry of Agriculture, Fisheries and Food for a licence to retail raw milk from a point on the farm near the river towpath. The farmer had been constantly bombarded with requests for milk from passers by, particularly those travelling on the river, and he felt it a good thing to be able to offer fresh raw milk in cartons from an automatic machine strategically placed. This Department was very concerned at the proposal when discovered, as there seemed a great risk of uncontrolled spread of infection from raw milk to a wide circle of the public because of busy river holiday traffic with the constant coming and going of people on both river and towpath. Strong protests were accordingly made but, as the Ministry pointed out, they had no option but to grant a licence if the appropriate milk herd tests proved satisfactory and the herd was in fact then undergoing the appropriate examination and testing against Brucella infection. Our apprehension as expressed to the farmer, proved of no avail in so far as the application was concerned, at the time, but later in the year, before completion of the tests involving the herd, the illness mentioned above was reported and traced to the very farm concerned with the application for the sale of raw Tuberculin Tested milk. Happily no sales had taken place in the interim and the farmer involved is now converted to the sale only of heat treated milk in view of his concern at the serious illness of the herdsman. No further cases have been reported. No raw milk is sold in the City and a close watch is being kept on any attempt to secure approval for its sale in view of prevalent anxiety about Brucellosis infection.

Only 24 samples were examined for quality by the Gerber Test in our Laboratory, the system breaking down about Easter, but it is hoped in 1969 to continue this regular quality check on milk fat and non-fatty solids content. Averages of the samples tested are well above the minimum standard with Channel Island milk showing 4.36% butter fat with non-fatty solids at 8.73%, whereas the ordinary Pasteurised milk averaged 4.84% of butter fat with 8.8% non-fatty solids. These compare very favourably with the official standards for Channel Island milk at 4% fat and 8.5% non-fatty solids, and for ordinary Pasteurised milk at 3% butter fat with 8.5% non-fatty solids.

General stores selling pre-packed milk number 147, one up on the previous year, and there is a small amount of sterilised milk still sold in the City. All milk supplied to schools is of Pasteurised quality and generally satisfactory. 6 samples unfortunately failed the keeping quality test but there was no failure of the Phosphatase Test among the 386 samples

taken during the year. 12 (13) samples of Sterilised milk submitted for the Turbidity Test proved satisfactory and it may be of interest to note that out of the 386 samples of heat treated milk submitted for testing, only 3 were voided because of unsatisfactory Laboratory temperature—maybe some indication of the not very warm summer of 1968! There was no biological testing of milk undertaken during the year by the Public Health Laboratory.

**Milk Sampling Results**

| | Samples tested | Satisfactory | Failed | Void |
|---|---|---|---|---|
| Heat Treated Milk (Pasteurised) | | | | |
| Methylene Blue Tests .. | 386 | 324 | 59 | 3 |
| Phosphatase Tests .. | 386 | 386 | — | — |
| Sterilised Milk | | | | |
| Turbidity Tests .. .. | 12 | 12 | — | — |

**Ice Cream**

66 (100) samples of ice cream were examined during the year under review and only 6 failed keeping quality tests. 7 samples were submitted for quality analysis (the same number as last year) and the returns showed somewhat lower average fat content at 6.10% (10.6%) with sugar at 15.9% as against 19.35%, and solids not fat at 11.20%. The lowest fat content was 5%—just on the official minimum—as against 5.5% the previous year and it could be said in general that ice cream shows a slightly lower quality than in previous years, although still satisfying the Regulations. 16 (20) ice lollies were sampled and all proved satisfactory. Of the 6 unsatisfactory keeping quality reports on ice cream, 4 were taken from retailers' vehicles and 2 from shops. 3 of the 6 were returned as Grade 4 (lowest grade) and 3 in Grade 3. Despite these unsatisfactory keeping quality test samples, the general standard seems to be reasonably good.

**(ii) Clean Food Campaign**

**(a) Inspection of Food Premises**

Considerable attention continues to be given to food premises in the City, there being 3,682 (3,448) inspections under the Food Hygiene Regulations. There has been a slight increase in the number of criticisms of conditions in food premises during the year, which may point to a continuation of the slackness noted last year, mainly in connection with the supervision of catering staff. It is perhaps as well to emphasise the need for constant visitation to food premises by Public Health Inspectors, particularly to those not of the highest standard, in order to stimulate attention to the details of satisfactory food hygiene practice. Opportunity was taken during the year to lecture to classes at the Catering Department of the Oxford College of Technology and there was no doubt of the interest shown by members of the classes concerned, all of whom hope to take active part in the catering industry. There was an interesting and

almost classic case of food poisoning during the year involving two schools and nearly 150 children. The cause was attributed to Clostridium welchii which affected meat consumed at school lunches. Large quantities of clostridia were grown from left-over meat and stools from a number of patients confirmed the same organism. Investigation showed that large (about 8 lbs. each) joints of brisket beef were cooked on the Friday, cooled slowly in the kitchen until Saturday noon, when they were placed in a refrigerator. On Monday the meat was served for the meals. It was noted that some of the mutton cloths or muslin used to cover the food while cooling appeared soiled. Nevertheless, it is clear, from investigation, that joints were much too big and therefore gave rise to difficulty in the essential rapid cooling. Consequently, ideal conditions existed for growth of heat resistant organisms of the Clostridium welchii type. Close liaison was maintained between the Catering Officer, members of the Department's medical staff and our Inspectorate. In order to prevent further outbreaks, suggestions, which were adopted, were made as follows:—

(1) No meat to be cooked on a Friday for use on Monday.
(2) Meat to be eaten cold would be prepared from
    (a) joints not more than 5-6 lbs. in weight.
    (b) the meat to be cooked early in the morning and cooled rapidly so that refrigeration could proceed in the afternoon
    (c) the meat, after cooking, to be covered with sterilised butter muslin.
    (d) cooling not to take more than 2-3 hours at the most in a rapidly moving current of air in the vicinity of the meat.
(3) Meat, on delivery, to be placed in a refrigerator at once and not left lying about for any period before use.

There is no doubt that outbreaks of this kind highlight the importance of attention by food handlers to the basic rules of hygiene and proper kitchen routine.

Towards the end of the year there was a request from a multiple shop of food handlers in the City for lectures to be given to food staff early in the new year and this was welcomed. There continues to be satisfactory liaison with the catering trade generally throughout the City and good progress is being made with Domestic Bursars of Colleges in connection with kitchens and food hygiene practice, etc., while Hospital catering staff are also maintaining interest in our advisory visits.

Another outbreak of food poisoning involved a shop where the cooking of frankfurters and beefburgers, etc., is carried out. Staphylococcal contamination of the food occurred in March and resulted in several London boys on visit to Oxford being admitted to a Hospital on return to London where they were found to be suffering from Staphylococcal food poisoning. Investigation locally showed that beefburgers prepared in the Oxford shop were positive to Staphylococcus aureus. The food consisted of beef with about 25-30% fat (some of which is added from another source) made in circular portions 4″ by about $\frac{1}{4}$″

thick, the meat having been previously finely minced. They are kept under deep freeze until required—5 hours being allowed for defrosting, with storage continuing in a refrigerated cabinet. Investigation finally concluded that the beefburgers were contaminated by a food handler on the premises before service. Swabbing of the staff eventually confirmed the presence of Staphylococcus aureus in one member, who received appropriate treatment. No further cases resulted.

**Imported Food Regulations, 1968**

On 1st August these Regulations came into operation involving all Local Authorities throughout the country in enforcement measures relating to imported food arriving in the district direct from the country of origin—passing through the port of delivery without being opened or examined. This involves the Local Authority concerned with the primary inspection of the goods and authorisation of the food for human consumption. The local Customs and Excise Officer is also involved in checking the goods. The law requires that on opening the container involved immediate inspection be carried out in the presence of the Officer of Customs and Excise and official certificates are to be inspected and relevant action taken under the Regulations. With increase in transport of goods in closed containers involving food as well as other material and capable of transmission direct to the place of consignment, responsibility for examining the food for consumer condition rests with the Local Authority in whose district the container arrives. This will relieve Port Inspectors to some extent of handling huge quantities of goods much beyond detailed examination. Public Health Inspectors generally need to be fully aware of the implications of the Regulations and, if in some districts—as seems likely—special reception depots may be set up, considerable responsibility will rest on the Inspectorate in connection with the inspection and sampling of foods on arrival and with the appropriate steps to be taken thereafter.

**(b) Inspection of Food Hawkers' Vehicles (Oxford Corporation Act, 1953)**

Slow increase in the number of hawkers of food is shown, there being 126 on the register (118). 17 (2) stall-holders operate food businesses at the Oxpens Open Market, which is held on Wednesdays throughout the year. 971 (1,065) inspections of vehicles and the stalls maintained were carried out and considerable interest was shown in the improvement of stalls, bearing in mind the Vehicles and Stalls Hygiene Regulations, which are causing a little concern to operators because of the need for additional water and sink points in comparatively restricted space. In some cases operators are trying to cope by providing dual fitments but there are still a number of cases outstanding where early attempt must be made to comply with the Regulations in connection with the means to ensure

cleanliness of both equipment and persons. The Covered Market in the City centre continues to improve, although still falling short of first-class modern standards. It is hoped that if it is to remain, attempt will be made in due course to modernise it so that it can be a model of its kind and worthy of commendation by all those interested in good standards of hygiene, both in premises and of food service.

**Inspection of Food Premises**

| Premises | No. | Inspections |
|---|---|---|
| Bakehouses | 9 | 110 |
| Butchers | 92 | 623 |
| Cake Shops | 24 | 91 |
| Confectioners | 121 | 29 |
| Dairies and Milk Depots | 7 | 52 |
| Fishmongers and Poulterers | 20 | 345 |
| Preparation and Service of Food | 253 | 1,103 |
| Fruit and Greengrocers | 80 | 407 |
| Grocers | 232 | 846 |
| Ice Cream Manufacturers | 2 | 21 |
| Miscellaneous (including Ice Cream Retailers) | — | 1,858 |
| Market Stalls, Hawkers, etc. | 179 | 971 |
| St. Giles' Fair Food Stalls | 42 | 1,158 |
| Visits re sampling | — | 846 |
| Public Houses and Social Clubs | 175 | 276 |

### (c) Hygiene Education and Publicity

There was again considerable attention given to this important activity by members of the Department involving 19 lectures by the Chief Inspector, 5 each by the Deputy and the Senior Inspector specialising in Food Hygiene, and 2 by one other Senior Inspector. 8 sets of visits on the districts were arranged for students and considerable interest continues to be shown in our specimens and photographs. Some students from other places attended for information about the general work of the Public Health Inspectorate. Medical students, district nurses and probationer nurses, domestic science students and others received talks or illustrated lectures on all aspects of our work. Contact was again closely maintained with the Catering School at the Oxford College of Technology, the Hospital kitchen service and the Domestic Bursars of Colleges in the University.

### (d) Hospital and College Hygiene

291 (359) visits were made to Colleges during the year and 277 (208) to Hospital premises for advisory purposes on kitchen hygiene, in connection with pest control, refuse storage and disposal and other matters of interest to those in control. There is a growing awareness of the problem of disposal of refuse from both Hospitals and Colleges and ideas for on-site incineration of refuse are growing notwithstanding the problems associated with such suggestions. Some time has been spent in discussing and considering ways and means of avoiding possible nuisances by the incineration of refuse in enclosed places. The Pest Officer and his assistants have done an

excellent job generally throughout the year among the Colleges and Hospital buildings. The Cleansing Superintendent as usual continued to work closely with us in seeing that refuse was disposed of as quickly as possible, notwithstanding difficulties arising from both lack of staff, vehicles and even special containers from time to time.

**(iii) Meat Inspection**

Once again it is appropriate to refer to the long established Slaughterhouses of the Oxford & District Co-operative Society and the Eastwyke farm undertaking now under control of Cooper Meat Company Limited—an offshoot of Messrs. R. R. Alden & Son. The two annually licensed Slaughterhouses operated throughout the year on the basis of agreed hours of slaughter. There was no weekend slaughter and only a moderate amount of evening activity, i.e. after 6.00 p.m., such overtime being due principally to a great increase in the slaughter of ewes by a Mohammedan butcher. Large numbers of worn-out ewes were slaughtered during the last quarter of the year and so full was the programme at the Eastwyke Slaughterhouse that considerable difficulty was found in controlling it. This situation led to some deterioration in hygienic maintenance of the premises and constant reminders to the management of the firm of their responsibilities did not have sufficient effect by the end of the year, although it was hoped that improvement and, indeed, modernisation might result. Circumstances were still unsatisfactory at the end of the year, with a large increase in the amount of fluke infestation and Black Disease of sheep, and some moribund carcases were found from time to time in the lairages. There was, as a result, a steep increase in the condemnations of carcases unfit for food. It was also interesting to note a significant increase in the amount of septic infections following cuts and injuries at the Slaughterhouse and this, it was felt, was associated with the unsatisfactory conditions. Both Meat Inspectors did very well to cope with demand, although not without difficulty. It was inevitable that conditions led to a warning to the management that unless hygienic standards improved, report to Health Committee on the circumstances might affect the next application for licensing of the premises. Hours of overtime at this Slaughterhouse amounted to 446 hours, compared with 194 during the previous year, while at the Co-operative Society premises overtime was 102 hours compared with a mere 30 hours during the previous year.

Charges for slaughtering were fixed at 75% of the normal maxima laid down in the Regulations and continued from 1st April, 1968. The total amount resulting from these charges was £995 14s. 10d., being £620 1s. 10d. from the Eastwyke premises and £375 13s. 0d. from the Co-operative Society premises. The agreement as to hours of slaughter continued to operate satisfactorily, there being little problem except at Eastwyke from time to time with the steep increase in sheep slaughter. For the Christmas programme it was agreed by all concerned that the

slaughtering could continue as required after normal hours without extending unduly or being carried out over weekends. Around the Christmas period several hundred sheep, mainly worn-out ewes, were laired in fields just outside the City boundary on land which was water-logged and not good enough for grazing. Quite a number of animals found to be suffering from flukes or Black Disease died in the fields and arrangements had to be made for early slaughter of the remainder in order to prevent further suffering. As will be seen from the figures for Eastwyke, nearly 18,000 sheep were dealt with, the majority in the latter part of the year, and a considerable number of condemnations resulted. Fluke infestation was the principal cause. Moslem slaughter had been agreed (after considerable discussion) on the basis that the electrolethaler be used as preliminary to the Moslem ritual cut. This proved acceptable to all concerned.

There was again close collaboration between the Divisional Veterinary Officers, the Inspector for the Royal Society for the Prevention of Cruelty to Animals—Mr. Hallam—and our Inspectors. It is again a pleasure to show appreciation to Dr. Jebb and his staff at the Public Health Laboratory. They are at all times ready to oblige with assistance and advice. Deep freeze facilities for receiving C. bovis cases continue to be available at the Co-operative Society premises and those of Mr. L. Green of Wootton Road, Abingdon.

**Slaughtering Statistics**

41,346 (37,190) animals were slaughtered during the year, showing an increase of 4,156 over the previous total. The average kill again shows an increase over the past 10 years with a total of 36,687 as against the previous average of 36,169. Throughput is shown below.

| | *Eastwyke* | *Co-op.* |
|---|---|---|
| Bulls .. .. .. .. | 6 | — |
| Steers .. .. .. .. | 1,300 | 845 |
| Cows .. .. .. .. | 206 | 386 |
| Heifers .. .. .. | 1,223 | 965 |
| Calves .. .. .. .. | 97 | 86 |
| Sheep .. .. .. .. | 17,920 | 7,035 |
| Pigs .. .. .. .. | 5,752 | 5,525 |
| | 26,504 | 14,842 |
| Total .. .. .. .. .. .. | | 41,346 |

**Cysticercus Bovis**

3 (18) suspected cases of this cystic stage of the tapeworm were found. 2 of the 3 cases were in slightly degenerated condition and the other proved to be doubtful in origin. One was present in cheek muscle

and the other 2 in heart tissue. Information was sent to the Divisional Veterinary Officers concerned. This is the first occasion during the last twelve years when no viable cysts have been found.

## Cysticercus Bovis—Annual Record of Incidence

| Year | No. of Cattle Inspected (excluding) Calves) | Suspected cases (i.e. Number refrigerated) | Viable Cysticercus bovis | Degenerated Cysts | Others |
|---|---|---|---|---|---|
| 1957 | 4,267 | 40 | 20 | Most of the remaining 20 were returned as Cysts in various stages of degeneration. | |
| 1958 | 4,263 | 29 | 16 | 11 | |
| 1959 | 3,977 | 15 | 10 | 5 | |
| 1960 | 4,786 | 19 | 15 | 2 | 2 granulomata |
| 1961 | 5,584 | 15 | 8 | 8 | 3 granulomata |
| 1962 | 5,887 | 11 | 3 | 2 | 4 granulomata<br>2 sarcosporidia |
| 1963 | 6,171 | 13 | 8 | 4 (3 having cysts of a parasitic nature suggestive of Cysticercus bovis, 1 doubtful) | |
| 1964 | 6,773 | 19 | 13 | 4 (2 suggestive of Cysticercus bovis) | |
| 1965 | 5,616 | 8 | 6 | 2 (1 suggestive of Cysticercus bovis) | |
| 1966 | 5,232 | 5 | 3 | 2 (1 old parasitic granulomata) | |
| 1967 | 5,475 | 18 | 10 | 7 (3 old parasitic granulomata) | 1 caronic abscess |
| 1968 | 4,931 | 3 | Nil | 2 | 1 mucous Cyst |

**Liver Fluke (Fascioliasis)**

Incidence of liver fluke this year was quite outstanding and, while reference was made to a high figure for 1967, the figures for 1968 were the highest ever recorded. No doubt the appalling wet conditions had much to do with the increased incidence for, as will be seen in the tables, 37% of bovine livers and 21% of sheep were found affected. The increase in numbers of poor quality sheep slaughtered for Moslem consumption had a considerable effect on the results. Worn-out ewes and sheep in poor condition formed a large part of the Eastwyke Slaughterhouse throughput. Nevertheless a general increase is reported throughout the country in fluke incidence, and a considerable amount of "Black" Disease in sheep, so-called because of black colouration of the inner surface of the skin—often associated with necrotic areas in liver following active migration of immature flukes through that organ. A powerful toxin of Clostridium oedematiens, which is the causal organism, causes rapid death. Animals found affected are, of course, condemned as unfit for food.

| Year | Bovines Inspected | Bovines Affected | Per-centage | Sheep Inspected | Sheep Affected | Per-centage |
|---|---|---|---|---|---|---|
| 1959 | 4,993 | 1,176 | 23.55 | 19,066 | 641 | 3.36 |
| 1960 | 5,971 | 1,068 | 17.88 | 18,225 | 182 | 0.99 |
| 1961 | 5,584 | 936 | 16.41 | 21,498 | 336 | 1.56 |
| 1962 | 5,887 | 837 | 14.22 | 19,051 | 248 | 1.30 |
| 1963 | 6,171 | 795 | 12.88 | 17,664 | 230 | 1.30 |
| 1964 | 6,773 | 1,032 | 15.23 | 22,996 | 340 | 1.47 |
| 1965 | 5,616 | 766 | 13.64 | 19,525 | 333 | 1.70 |
| 1966 | 5,232 | 829 | 15.84 | 20,518 | 886 | 4.32 |
| 1967 | 5,475 | 1,659 | 30.30 | 18,585 | 959 | 5.11 |
| 1968 | 4,931 | 1,813 | 36.77 | 24,955 | 5,187 | 20.79 |

**Tuberculosis**

There is a completely negative report in connection with this disease, now an unusual infection in the general field of animal disease. Despite careful watch for symptoms in all animals slaughtered, no positive cases could be demonstrated during the year. 7 samples of lymph nodes from pigs were referred to the Public Health Laboratory for assessment but in no case was tuberculosis demonstrated. It is pleasing, therefore, to record for the first time a complete absence of the disease in food animals slaughtered in the City. It should, however, be noted that in the column headed "Tuberculosis in Food Animals, 1968 (Presumptive)", 7 part offals of pigs have been returned as presumptive only, being the 7 from which the above samples were submitted to the Laboratory and eventually returned as negative in each case.

## Percentage of Animals affected with Tuberculosis

| | Cattle | Cows | Calves | Pigs |
|---|---|---|---|---|
| 1958 | 1.8 | 4.4 | — | 1.4 |
| 1959 | 0.7 (Adult Cattle) | — | — | 0.9 |
| 1960 | 0.07 | 0.01 | — | 1.34 |
| 1961 | 0.08 | 0.03 | — | 1.04 |
| 1962 | 0.05 | — | — | 0.55 |
| 1963 | 0.06 | — | — | 0.45 |
| 1964 | — | — | — | 0.28 |
| 1965 | 0.02 | — | — | 0.14 |
| 1966 | — | — | — | 0.03 |
| 1967 | 0.0004 | — | — | — |
| 1968 | — | — | — | — |

## Tuberculosis in Food Animals, 1968 (Presumptive)

| Portions dealt with | Bovines | Pigs | Totals |
|---|---|---|---|
| Whole carcases | — | — | — |
| Part carcases | — | — | — |
| Whole offal | — | — | — |
| Part offal | — | 7 | — |
| Totals | — | 7 | — |

## Inspections and Condemnations, 1968

| | Cattle excluding Cows | Cows | Calves | Sheep and Lambs | Pigs |
|---|---|---|---|---|---|
| Number killed | 4,339 | 592 | 183 | 24,955 | 11,277 |
| Number inspected | 4,339 | 592 | 183 | 24,955 | 11,277 |
| All diseases except tuberculosis and cysticerci: | | | | | |
| Whole carcases condemned | 1 | 1 | 10 | 168 | 27 |
| Carcases of which some part or organ was condemned | 2,223 | 153 | — | 8,347 | 2,805 |
| Percentage of numbers inspected affected with diseases other than tuberculosis and cysticerci | 51.26 | 26.01 | 5.47 | 34.12 | 25.11 |
| Tuberculosis only: (Presumptive) | | | | | |
| Whole carcases condemned | — | — | — | — | — |
| Carcases of which some part or organ was condemned | — | — | — | — | 7 |
| Percentage of numbers inspected affected with tuberculosis | — | — | — | — | — |
| Cysticerci: | | | | | |
| Carcases of which some part or organ was condemned | 3 | — | — | — | — |
| Carcases submitted to treatment by refrigeration | 3 | — | — | — | — |
| Generalised and totally condemned | — | — | — | — | — |

## Disease other than Tuberculosis in Food Animals, 1968

| | Carcase | | Offal | |
|---|---|---|---|---|
| | Total | Partial | Total | Partial |
| *Adult Cattle* | | | | |
| Johne's disease | — | — | — | 1 |
| Actinobacillosis (Mycosis) | — | — | — | 24 |
| Septicaemic conditions | — | — | — | 1 |
| Pneumonia and/or pleurisy | — | — | — | 55 |
| Peritonitis | — | — | — | 9 |
| Mastitis | — | — | — | 7 |
| Hepatic abscess | — | — | — | 293 |
| Fascioliasis (fluke) | — | — | — | 1,813 |
| Parasitic pneumonia | — | — | — | 8 |
| Echinococcosis | — | — | — | 7 |
| Cysticercosis (C. bovis) rejected | — | — | — | 3 |
| ,, ,, refrigerated | 3 | — | — | 3 |
| Tumours | — | — | — | 19 |
| Bruising | — | 1 | — | 122 |
| Emaciation | 2 | — | 2 | — |
| Other conditions | — | — | — | 78 |
| Totals | 5 | 1 | 2 | 2,443 |
| *Calves* | | | | |
| All septicaemic conditions | 1 | — | 1 | — |
| Joint-ill or naval-ill | 3 | — | 3 | — |
| Immaturity | 3 | — | 3 | — |
| Bruising | — | — | — | — |
| Other conditions | 3 | — | 3 | — |
| Totals | 10 | — | 10 | — |
| *Pigs* | | | | |
| Swine erysipelas | — | — | — | — |
| All septicaemic conditions | 7 | — | 7 | 2 |
| Pneumonia and/or pleurisy | — | — | — | 1,293 |
| Pyaemia | 4 | 5 | 4 | 12 |
| Echinococcosis | — | — | — | 4 |
| Ascariasis (milk spot) | — | — | — | 1,506 |
| Bruising | — | 3 | — | 117 |
| Abscess | 3 | 8 | 3 | 72 |
| Arthritis | 7 | 25 | 7 | 25 |
| Other conditions | 6 | — | 6 | 76 |
| Totals | 27 | 41 | 27 | 3,107 |
| *Sheep* | | | | |
| All septicaemic conditions | 5 | — | 5 | — |
| Fascioliasis (fluke) | — | — | — | 5,187 |
| Pneumonia and/or pleurisy | — | — | — | 1,091 |
| Parasitic pneumonia | — | — | — | 2,729 |
| Cysticercus Ovis | — | — | — | — |
| Echinococcosis | — | — | — | 281 |
| Bruising | 1 | 7 | 1 | 53 |
| Emaciation | 121 | — | 121 | — |
| Pyaemia | 8 | — | 8 | — |
| Arthritis | 2 | 23 | 2 | 16 |
| Other conditions | 31 | — | 31 | 460 |
| Totals | 168 | 30 | 168 | 9,817 |

**Unsound Meat**

Records of animal diseases, etc., found at the Slaughterhouses continue to be sent to the Ministry of Agriculture, Fisheries and Food at quarterly intervals in order that the figures may be included in the national statistical survey. Categories of diseases, etc., recorded are as set out in the table included in this part of the Report. There are no facilities for the disposal of inedible or unsound meat products at the Slaughterhouses in Oxford and disposal by agreement is to various Bye Product, etc., firms to which the material is conveyed in properly marked vehicles and containers. Occasional permission is given for disposal to dog kennels, University research departments and to one mink farm in the adjoining county. University Departments continue their interest in certain organs, nodes, eyes and portions of offal needed for research purposes. No official seizure of meat took place during the year. From time to time certain collections of condemned meat and food were incinerated at the Churchill Hospital apparatus by permission of the Administrator and Engineer. Their co-operation is much appreciated.

**(iv) Sampling of Food and Drugs**

184 (159) samples of food and drugs were submitted to the City Analyst for examination during the year and 15 (6) were returned as non-genuine. One sample was delayed in transit and had to be declared void, otherwise all samples reached the Reading Laboratory of the City Analyst (Mr. F. A. Lyne, B.Sc., F.R.I.C.). Some occasional difficulty found when sending by rail was overcome by using convenient bus transport from Gloucester Green, as the terminal for the Reading service was reasonably placed and not far from the Laboratory of the City Analyst.

1. Cyprus Tachini—the sample contained no preservatives and no metallic contaminants. The label did not bear a list of ingredients. Informal action—the label to be changed.
2. Fruit Brand Drink—sugar 48.1%, benzoic acid 900 p.p.m., fruit juice negligible. Misdescription—formal sample to be taken.
3. Anar Syrup—sugar 34.3%, benzoic acid 900 p.p.m., colour amaranth, fruit juice negligible. Informal action—stock withdrawn.
4. Anar Syrup—follow-up formal sample. Sugar 37%, benzoic acid 1,000 p.p.m., Colour amaranth, fruit juice not more than 10%. Saccharin absent. Informal action—stock withdrawn.
5. Fruit Brand Drink—follow-up formal sample. Sugar 40%, benzoic acid 950 p.p.m., fruit juice negligible. Misdescription—stock withdrawn by agreement.
6. Fruit Drink—sugar 41%, benzoic acid 920 p.p.m., colour Red 10B. Informal action—stock withdrawn.
7. Blackcurrant Juice for Diabetics—sugar 2.3%, Vitamin C. 140 mgms. per fl. oz., $SO_2$ absent, benzoic acid, artificial colour absent. Contained mould on analysis. Firm arranged to have stocks checked.

8. Meat Pie—filling 18%. Meat content of filling 73%, meat content of whole pie 18.5%, weight of pie $3\frac{3}{4}$ oz. Insufficient meat content. Formal sample taken—result genuine.
9. Fruit Drink—follow-up formal sample. Sugar 41%, benzoic acid 950 p.p.m., colour Red 6B, saccharin absent, fruit juice negligible. Informal action—stock withdrawn.
10. Pineapple and Pear Flavoured Syrup—sugar 64.2% colour orange G, fruit juice negligible, preservatives absent, artificial sweetener absent. Label misleading—bottles relabelled.
11. Red Stallion Syrup—sugar 65.8%, colour Orange RN, preservatives absent, artificial sweetener absent, fruit juice negligible. Label misleading—to be replaced.
12. Red Stallion Syrup—sugar 67.2%, colour ponceau MX and amaranth preservatives absent, artificial sweetener absent, fruit juice negligible. Label to be replaced.
13. Cream Cheese—fat 39.2%, water 51.8%. Misleading description—package to be relabelled.
14. Non-excisable Ruby Wine—alcohol 0.2%, sugar 26.2%, colour fast Red E amaranth, fruit juice 10%, $SO_2$ 100 p.p.m. Misdescription—formal sample arranged with Officer of area in which drink is prepared.
15. Drinking Chocolate—cocoa butter 41.0%, sugar (sucrose) absent, lactose absent, glucose absent, milk protein absent. Cinnamon, nutmeg and cocoa present. Non-genuine—formal sample arranged (1969).

**Pesticide Residues in Foodstuffs**

11 samples were taken during the year, 8 being submitted under the national scheme of pesticide investigation and 3 others for local reasons. Only one sample was returned as containing pesticide residue—being a sample of Canary tomatoes containing 0.19 parts per million of D.D.T. All other samples were negative—involving frozen strawberries, pasteurised milk, lettuce, pears, English pork, lard, dairy butter, runner beans, redcurrants and ground breakfast coffee. The first results of the national survey seem to suggest that pesticide residues are not as excessive as at first thought but it should be interesting to receive in 12 months time the full report showing the results of the nationwide sampling of various foodstuffs as there is still much misgiving about the presence of pesticide residue in foodstuffs. The continual and growing use of modern chemicals for pest control purposes throughout agriculture and horticulture generally is the reason for this. Indeed, there seems nowadays very little natural foodstuff free from possible consequences of chemical additives which might have long term serious consequences if excesses are permitted to continue. Certainly there is no room for complacency but need for an ever-watchful eye on pesticide residues in our foodstuffs generally.

**Food Complaints**

81 (136) complaints were received during the year about unsatisfactory food conditions and of these only 4 (14) needed reports to Health Committee for further consideration. 2 (9) prosecutions resulted in fines of £30 (£230).

They were:—

1. Mouldy Chicken and Ham Pie—fine of £15.
2. A piece of metal in Meat Pie—a fine of £15.

2 warnings were also given during the year, involving cases where a piece of wire was found embedded in a sweet and a fly in a Sausage Roll.

There is still room for improvement in stock rotation of perishable goods and no completely satisfactory answer to the pleadings of many Consumer Groups for date stamping on containers. No doubt there will be continued pressure from Consumer side interests for such date stamping of perishable goods but there is considerable trade opposition. The local Consumer Council continue to show interest in hygiene of food and food handling and from time to time provoke interest in the field of our consumer protection work. Of course, the new Act on Trades Descriptions emphasises the need for control over the whole field of consumer interest. Our Weights and Measures colleagues are finding much to handle in the new and wider field of misdescription. Public Health Inspectors have for many years been in the foreground of food and drug sampling and associated work, and no doubt this will continue in collaboration with their colleague Weights and Measures Inspectorate in connection with labelling and misdescription of food. There is again need to point out the considerable amount of food wasted through refrigeration breakdown which occurs with somewhat monotonous regularity over holiday periods and weekends. Surely there is need for properly arranged maintenance safeguards during these periods in view of the increasing value of food. Such waste is unnecessary and avoidable and also causes a considerable amount of trouble and time wasting for Public Health Inspectors in endeavours to assist tradesmen by the provision of certified lists of disposed goods. It is doubtful whether this is a duty which we should continue to carry out without further thought to its value to the community and our official responsibilities.

Two prosecutions concerned with food interests were taken under the Food Hygiene Regulations, involving two catering premises. One was found necessary early in the year because of disgraceful conditions found in a City licensed premises where food was being served and this despite previous advice about unsatisfactory conditions. Prosecution under Regulations 6, 8 and 23 resulted in fines totalling £55 with costs of 10 guineas, and condemnation of an unfit block of cooking chocolate which resulted in a separate fine of £20. Pigeons were found to be contaminating food in the premises to a considerable degree notwithstanding our constant action on the difficult problem of clearing pigeons from closely built-up

property in the centre of this busy University City. The second prosecution involved seizure of unsatisfactory food plus a number of contraventions found in a snack bar and resulted in fines totalling £70. Both these cases illustrate the folly of evading responsibility, despite advice given beforehand, and the heavy fines have no doubt been a salutary lesson to those concerned.

**Liquid Egg (Pasteurisation) Regulations, 1963**

No samples were taken for examination by the Alpha Amylase and there are no treatment plants in the district.

**Samples taken for analysis during the year 1968**

| Article | No. of samples obtained | | | Results of Analysis | |
|---|---|---|---|---|---|
| | Informal | Formal | Totals | Genuine | Non-Genuine |
| Alcoholic beverage .. | 1 | — | 1 | — | 1 |
| Baby food .. .. | 4 | — | 4 | 4 | — |
| Beverages .. .. | 3 | — | 3 | 2 | 1 |
| Bread .. .. .. | 3 | — | 3 | 3 | — |
| Cakes and Puddings | 6 | — | 6 | 6 | — |
| Cheese .. .. | 7 | — | 7 | 6 | 1 |
| Confectionery .. | 9 | 1 | 10 | 10 | — |
| Drugs and Vitamins .. | 3 | — | 3 | 3 | — |
| Fats .. .. .. | 13 | — | 13 | 13 | — |
| Fish .. .. .. | 4 | — | 4 | 4 | — |
| Flour .. .. .. | 5 | — | 5 | 5 | — |
| Fruit, fresh and tinned | 9 | — | 9 | 9 | — |
| Fruit, dried .. .. | 3 | — | 3 | 3 | — |
| Ice cream .. .. | 7 | — | 7 | 7 | — |
| Meat and Meat products | 42 | 1 | 43 | 42 | 1 |
| Milk .. .. .. | 3 | — | 3 | 3 | — |
| Preserves .. .. | 4 | — | 4 | 4 | — |
| Sauces and Spices .. | 14 | — | 14 | 13 | — |
| Sausages—beef .. | 1 | — | 1 | 1 | — |
| Sausages—pork .. | 7 | — | 7 | 7 | — |
| Soft drinks .. .. | 17 | 3 | 20 | 10 | 10 |
| Soup .. .. .. | 3 | — | 3 | 3 | — |
| Spreads and pastes .. | 4 | — | 4 | 4 | — |
| Vegetables .. .. | 6 | — | 6 | 6 | — |
| | 178 | 5 | 183 | 168 | 14 |

**Bacteriological Investigations—Public Health Laboratory Service**

The following list of samples shows the variety of materials submitted for Laboratory investigation to Dr. Jebb and his staff of the Regional Public Health Laboratory at the Radcliffe Infirmary. Their work and co-operation is very much appreciated as it helps the Department considerably in its environmental control work.

| | |
|---|---|
| Canned Food .. .. .. .. .. .. .. | 4 |
| Catering Establishments—Kitchen Utensils .. .. .. | 55 |
| Cheese .. .. .. .. .. .. .. .. | 2 |
| Drinking Water Samples .. .. .. .. .. | 13 |
| Faeces .. .. .. .. .. .. .. .. | 19 |
| Fresh Cream .. .. .. .. .. .. .. | 15 |

| | |
|---|---|
| Ice Cream | 66 |
| Ice Lollies | 16 |
| Meat Inspection samples (Lymph Nodes, Organs, etc.) | 7 |
| Meats | 9 |
| Other Water samples | 2 |
| Pet Foods | 13 |
| Pickling Fluid | 2 |
| Salad Dressing | 2 |
| School Meals | 2 |
| Shellfish | 1 |
| Swimming Bath samples | 17 |
| | 245 |

Of the group of ice cream samples submitted, 6 were returned as unsatisfactory, 3 being in Grade 3 and 3 in Grade 4 (the lowest grades). 16 samples of ice lollies were all returned as satisfactory, although there is little risk of bacterial contamination because of their high acidity. Quite a number and variety of samples were submitted from catering establishments as an aid to assessing hygienic conditions. A number of pet foods were checked for sterility and other various samples were submitted with a few meat inspection samples when appropriate. Swimming bath and drinking water samples gave little cause for concern and it is pleasing to comment on the generally satisfactory operation of the swimming pools throughout the City as based on bacteriological returns.

**Merchandise Marks Act**

274 (468) visits were made to various premises, including Market stalls and the Oxpens Open Market in connection with marking of food on display. There was little cause for concern.

## Foodstuffs Surrendered for Destruction

| Commodity | Weight in lbs. | |
|---|---|---|
| Cheese | 114¼ | |
| Confectionery | 495¼ | |
| Cordials | 4½ | |
| Crumpets | 15 | |
| Fats | 417½ | |
| Fish | 294½ | |
| Flour | 574 | |
| Fruit | 70 | |
| Meat | 4,399½ | |
| Milk and cream | 34 | |
| Sausages (beef) | 115 | |
| Sausages (pork) | 113¾ | |
| Sugar | 90 | |
| Vegetables | 315 | |
| | ——— | 7,052¼ |
| Canned | | |
| Meat | 2,723¼ | |
| Fruit | 1,259¾ | |
| Vegetables | 1,498¼ | |
| Fish | 174½ | |
| Milk | 373½ | |
| Jam | 9 | |
| Soup | 278¼ | |
| Miscellaneous | 912¼ | |
| | ——— | 7,228¾ |
| Frozen goods | 4,332¾ | |
| | ——— | 4,332¾ |
| | | 18,613¾ |

There was a slight increase in the amount of food surrendered for disposal. Meat showed a sharp rise (both fresh and canned varieties). The increased number of sheep slaughtered was partly responsible because of the poor quality of animals presented by a Pakistani butcher for slaughter at the Eastwyke Slaughterhouse. Refrigeration breakdown also contributed to the amount dealt with and once again it is pointed out that there is need for some determined attempt to avoid what is too often a considerable waste of valuable food.

**Fertilisers and Feeding Stuffs**

8 (6) samples were taken under the Fertilisers and Feeding Stuffs Act, 5 being fertilisers and 3 feeding stuffs. 2 samples were adversely reported on:—

(1) Famura Rose Food—not being considered a fertiliser within the meaning of the Act.

(2) Erutan Organic Natural Fertiliser proved to be an example of shoddy(!) (cloth waste). Amounts of phosphoric acid and potash found were of little fertilising value.

It seems remarkable how some materials gain a place in horticultural activities without being worthy of consideration within the terms of good horticultural practice. No doubt more attention will be given in due course to this sort of material by national consumer interests.

### (v) Markets

The number of stalls at the Covered and Open Markets varied little during the year, there being 36 stalls at the Covered Market and 17— a reduction of 3—at the Open Market which meets at the Oxpens every Wednesday. The Offloading roadway from Market Street to the Covered Market has now been completed and has already proved of considerable benefit to the Market organisation. Attention is now being given to facilities at the Oxpens open Market for refuse storage and removal and this was still under active review at the end of the year. There is still too much "totting" of vegetable and fruit refuse left behind at this Market and this practice should be stopped. It is hoped that arrangements can be completed for some satisfactory form of communal storage and disposal in the near future. The operation of the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966, is being implemented and so far has caused a little concern with some vehicle and stall operators because of restricted space and the need to provide both hand washing facilities and those for dealing with equipment.

Covered Market—

| | |
|---|---|
| Butchers | 10 |
| Fishmongers and Poulterers | 5 |
| Fruiterers and Greengrocers | 9 |
| Grocers | 3 |
| Restaurants | 3 |
| Cake and Confectionery | 5 |
| Coffee grinder | 1 |
| | 36 |

Open Market—

| | |
|---|---|
| Fruiterers and Greengrocers | 8 |
| Confectioners | 3 |
| Biscuit and Cake Stalls | 1 |
| Grocers | 2 |
| Ice Cream Dealers | 1 |
| Fishmongers | 1 |
| Snack Bar | 1 |
| | 17 |